FOR STATE HEALTH DEPT.

04043

TO DEPUTY MEDICAC EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18-cive Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office of the pages 1, 2, and 3 to the funeral retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 114020

	-					
	ontgomery	14.5	MARYLAND	a. STATE		If institution: Residence before admission) county Montgonery
b. CITY OR TO	DWN (if outside corpora AL and give nearest tov	te limits,	c. LENGTH OF STAY IN 1			s, write RURAL end give nearest town)
Oln		(III)	D.O.A.	Broo	keville	15-1
		ON (if not in he	ospital, give street address		The state of the s	e. IS RESIDENCE ON A FARM?
	gomery Gener	ral Hos	pital	Gree	nwood Farm	YES X NO
3. NAME OF DECEASED	F	irst	Middle	Last	4. DATE N	Month Day Year
(Type or print		our	Fisk &	Nash, Jr.		3-11-66
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in ye	ears FUNDER 1 YEAR FUNDER 24 HRS.
Male	White	WIDOWED	DIVORCED [8-6-1890	175	day) Months Days Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work	done 10b, K	IND OF BUSINESS OR	11. BIRTHPLACE (Stete or foreign country)	12. CITIZEN OF WHAT
farm	rking life, even if retire er	(D)	NDUSTRY	Washin	gton, D. C.	COUNTRY? S.A.
13. FATHER'S NA				14. MOTHER'S MAI		
	xivixikixaa Wi	ilbur F	isk Nash	Harri	ett E. Sloat	3
15. WAS DECEASE	DEVER IN U.S. ARMED FO	DRCES? 16.	SOCIAL SECURITY NO. 17	7. INFORMANT	Ar	ddress
no	(If yes give war or dates o	215	5-36-5166	Family	У	
18. CAUSE O	F DEATH [Enter only or	ie cause per li	line for (a), (b), and (c).]		() 01	1 INTERVAL BETWEEN ONSET AND DEATH
PART I.	DEATH WAS CAUSED BY IMMEDIATE CAUSE	(8)	uto les	mary	Sneuff	concy
420			1	2 1	11 86	1 1
	f any, which	(b) UZ	Leriosel	erolic	Dark x	Visagre.
	stating the DUE	TO			V	
underlying ca	Stating the [(c)				_
FART II. OTHE	R SIGNIFICANT CONDITI		UTING TO DEATH BUT NOT RE	ELATED TO THE TERMINAL	DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY
CATI						YES NO
PARTII. OTHE	VAL CAUSE WAS OF CONTRIBUTING	20b. I	DESCRIBE HOW INJURY OC	CURRED. (Enter nature of	of Injury in Pert I or Part	11 of Item 18.)
		V-01 20d 1	NJURY OCCURRED 20e. P	LACE OF INJURY (Home,	ferm.l 20f. (City or tow	(County) (State)
20c. TIME 0	FINJURY Month, Day, a.m.	While	far	ctory, street, office bldg.,	etc.)	II) (Guilty) (State)
MEI MEI	p.m. 19		k at work			
21. 1 cert	ify that I took charg	e of the rem	nains described above	held an Autopsy,	Inspection X,	Inquiry and in my opinion
death resu	ulted from: Natura	I causes	, Accident ,	Suicide , Homic	ide [], Undeterm	ined manner 🔲
	1201	7 7	////	CHIEF MEDICA	AL EXAMINER	//
AUTUAL SIGNATURE_	/ Xeld	en 1	(sea		EDICAL EXAMINER	3-11-66 22. BATE SIGNED
				CDEPUTY MEDI	CAL EXAMINER-	
EXAMINER'S NAME (Type)	Belden R. B	lean. M	D. /	Address (Stre	et, city, town, or county)	Wheaton, Maryland
23a, BURIAL, CR	EMATION, 1 23b. DATE		23c. NAME OF CEMETE	ERY OR CREMATORY	23d. LOCATION (CI	ty, town or county) (State)
Burial (S	Specify) 3-11-	66	Glenwood Cem	eterv	Washingto	on. D. C.
24. FUNERAL DI			ADDRESS		EC'D BY REGISTRAR 25b	. REGISTRAR'S SIGNATURE
Francis	H. Barber	Layton	sville, Md.	MAR	15 1956 8	Charles Judge

VR A15ME 3500 4-64 3

COLD TO THE REPORT OF THE PROPERTY OF THE PARTY OF THE PA aspington, 7. C. Burial 3-11-00 Genrod Genry Fr nels H. b r.er Lytonsville, i.d. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please female carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and intern event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	U4044			CERTIFICA	IE UF DEA	ın			(1.35 f) €	14	
1,		Montgomery		MARYLAND	2. USUAL RESID	DENCE (When	re deceased lived	, if institution: . COUNTY P	Residence	before ad	mission)
	b. CITY OR TOW Write RURAL Gait	N (if outside corpora and give nearest tow lersburg	te ilmits, 'n)	c. LENGTH OF STAY IN 11	c. CITY OR TOWN		corporate IIm	its, write RUR	AL and give	neares	t town)
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (If not in h	ospital, give street address	d. STREET ADDR	ESS			е.	IS RES	IDENCE
		ant View I		ome	RFD#5 E					ON A F	NO E
3.	NAME OF DECEASED (Type or print)	Sar	rst nuel		cholson	0	EATH 1418	Month ar. 21		Yea 19	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH			years IF UNDI	ER1YEAR I		
	Male	Negro	WIDOWED	DIVORCED _	Dec. 9,		9 80	hday) Months yrs.		Hours	Min.
du du	a. USUAL OCCUPAT ring most of work	TION (Give kind of work ing life, even if retire	done 10b. K	IND OF BUSINESS OR NDUSTRY	Mary]		State, or foreign	country) 12.	COUNTRY?		
13	. FATHER'S NAM	IE			14. MOTHER'S		1E				
	Abraha	am Nichola	son		Rebed	cca Ja	ackson				
(Y	s, was deceased es, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war er dates o	RCES? 16. f service)		. INFORMANT yrtle Pai	rker		Address			- 1
-	18. CAUSE OF	DEATH [Enter only on	e cauşe per l	ine for (a), (b), and (c).]					INTER	VAL BE	TWEEN
		EATH WAS CAUSED BY	.).	Acardial	In willer		,		ONSE	T AND I	JEATH
	260	IMMEDIATE CAUSE			Just of Co	1-					
	Conditions, If	any, which)	(b)	Dealutes	melle	tes	1				
	gave rise to cause (a), s underlying caus	tating the DUE	TO (c)	anlers	Scleron	ف			1	0	
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITIE	ONS CONTRIBI	JTING TO DEATH BUT NOT RE	LATED TO THE TERMIN	VAL DISEASE	CONDITIONGI	/EN IN PART 1(WAS AU PERFOR	
	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DEATHER MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJURY OC	CURRED. (Enter natu	re of Injury	in Part I or Pa	rt II of Item	18.)		
MEDICAL	Hour a.	INJURY Month, Day, m. 2/ Worls	/ / While	Not While fac	LACE OF INJURY (Hom tory, street, office bld	ne, farm, 2 lg., etc.)	Of. (City or to	wn) (6	County)	(5	State)
				ed the deceased from_	at death occurred	1945	to 211/	19	G G, the	et (1) (v	ve) last
L	22a. SIGNATU	ceased alive on	- (Man	194 , and tr	at death occurred	attr b	A, from the ca	Juses and or	DATE SIG	Stateu	anove.
	2	a drik	len	N	I.D. ATTENDING	MED.	DR STAFF		DAIL OIG	1420	
	22c. PHYSICI/ NAME (T		, 130	atler	22d. ADDRES	10 1	Jurb	eck	Rd		
23	a. BURIAL CREM	MATION, 236. DATE	THEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	23d	. LOCATION (City, town or	county)	(\$1	tate)
	Buria		/66	Mt Zien	Cemetery			ntown,			
2	. FUNERAL DIRI	ECTOR A	1	ADDRESS	10 25a.	REC'D BY	REGISTRAR 2	5b. REGISTR	AR'S SIGNA	TURE	
	Robert	Lisnoyd	owde	Rockville	, Md	AR 28	1966	geliany	ly Ju	del	

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9 & (\$\delta()) to the state of th I DO BOBZ NO IN THE STATE OF STREET APPENDENCE OF THE a Fallian III a Service Annual Control of the Sales

TO FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then places sprove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the short, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 4 may be retained by the hospital or attending physician.

04045

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

		V 11011
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution:	Residence before admission)
MONTGOMERY MARYLAND	MARULAND BONTY	GOMEPW
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURA	L and give nearest toy n)
SILVER SORING ZWEEKS	SILVER SPRING	15-1
d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Holy CROSS HOSPITAL	9019 MANCHESTER K	A. YES NOV
3. NAME OF First Middle DECEASED (Type or print)	Last 4. DATE Month	Day Year 2 8 19 6 6
CO I I AM	8. DATE OF BIRTH 9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	1-14-1898 (8 yrs.) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12.	ITIZEN OF WHAT
during most of working life, even if retired) Ret. Stock Clerk DEAT: STEE	(1) ASH .D.	OUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles F. Nickel	Helen Deavey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT LANGUESS RANGE	knell Drive
No None 577-01-6919 Chu		ring, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	2	INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Resturator	- Paralygis	4 da_
364 X DUE TO VI TO	0)	0 . 17-
Cenditions, If any, which) (b) Fufecuores (Ly neuroriles	_ Zwas
gave rise to immediate cause (a), stating the DUE TO	1	
underlying cause last.) (c)		
PART JI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO SEATH BUT NOT REL	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury in Part I or Part II of Item 1	8.)
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Co	ounty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto at work p.m. 19 at work at work	ry, street, office bldg., etc.)	1
21. I certify that (I) (this hospital) attended the deceased from	3-12 15 to 3-28 196	that (I) (we) last
	t death occurred a BPM, from the causes and on	
22a. SIGNATURE	22b.	DATE SIGNED
towallon Milliams M.D		5-28-66
ZC. PHYSICIAN'S VAME (Type)	22d. ADDRESS On A.	City Car
Jonathan Williams	20% morning Al	such dra
23a. BURIAL GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		ounty) (Stafe)
23a. BURIAL (Specify) 31 March 1966 Cedar Hill Center Survey Burial Specify) 31 March 1966 Cedar Hill Center Survey Burial Survey Surve	netery Suitland, Maryla	

1/65 VR A15

MORTBONERY MARYLAND - MONTEOMERY Silver Speide dwerks SIMER SPRIDE 9019 MADENESTED 16 Holy CROSS Hespital I mailled Diekel MAE = 8 66 1-14-1898 48 W M Da , HEAL SEPT SPEE Desperation Boralyses _ab-10 Dufections Poly neuroniles 24160 3-12 4 3-28 66 5-28. 66 Low Millellen 208 Pershuic Dr. Silvi Spiration William bedress section processes and the section of the se

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death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remote carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4046
CERTIFICATE OF DEATH
U4036

_	04040	CERTIFICATI	E UF DEATH		04036
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (When	e deceased lived, If Institu	tion: Residence before admission)
		BRADULAND	a. STATE M. C.	b. COUNTY	m. 1+ 01
-	b. CITY OR TOWN If outside corporate limits,	MARYLAND C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporate limits, write	RURAL and give nearest town)
_	write RURAL and give nearest town)			corporate mints, write	TOTAL BITO BITO HEATON COMMY
51	d. NAME OF HOSPITAL DR INSTITUTION (If not in hi	omo. Gdays	DOOKVILLE		15-1
	G. NAME OF HUSPITAL DR INSTITUTION (IT not in hi	Ospital, give street address)	d. STREET ADDRESS		0. IS RESIDENCE ON A FARM?
FA	ARIAND NURSing Hom= 2101F	AIRIAND Road	5007 m - C.	all St	YES NO X
3.	NAME OF First	Middle		ATE Month	Day Year
	(Type or print) HENRU	William	Pher Di	EATH March	16 1966
5.	SEX 6. COLOR OR RACE 14. MARRIED		B. DATE OF BIRTH	9. AGE (In years IF1	INDER 1 YEAR HE LINDER 24 HRS.
1	MALE White WIDOWED		TAN 30, 1891	last birthday) Mo	nths Oays Hours Min.
10:		IND OF BUSINESS DR	11. BIRTHPLACE (County & S		12. CITIZEN OF WHAT
dui	ring most of working life, even if retired)	NDUSTRY	11. DIKTH CASE (County & 3	cate, or foreign country,	COUNTRY?
E	IECTICIAN K	ETIRED	Wikebanow Ni	H.	45A
13.	B. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
V	Villiam S. OBER		WAIKER -	-NELLIE	
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
17	None of the distriction of the services of the	4-05- 3502 45	Cindry Du a	IN/ Earola in T	21 Che Soonem
	18. CAUSE OF DEATH [Enter only one cause per li	ine for (a), (b);)and (c).]	ingley K.W. 21	ULTAIRITAD N	I INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	To (a), (b) faile (c). 1		20.	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	-cuce -c	Tonsey o	causeo	v Jew minute
	4201 OUE TO a	12 61		a	then al
	Conditions, If any, which	The was	nondry I	- ounce	Months
	gave rise to immediate Cause (a), stating the DUE TD	0	D. L. 1	1 1	An 4000
	underlying cause last.	arioscle	rolle nyper	Unaw the	en deserso
CERTIFICATION	PARTY, DTHER SIRMIFICANT CONDITIONS CONTRIBU	JUNG TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE	CONDITION GIVEN IN PAR	T1(a) 19. WAS AUTDPSY
CAT	1) Old Cerebra 2	teromkosi (2 Carrie C	intellen	PERFORMED?
E	20a. ACCIDENT WAS UNDERLYING [] 20b. C	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury	in/Part I or Part II of It	
ER	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		MILIDY OCCUPATED LOSS DESI	OF INDIVIDUAL Some 1 00	(Dib. or hours)	(County) (Ctota)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. II Hour a.m. While	factor	CE OF INJURY (Home, farm, 20 ry, street, office bldg., etc.)	if. (City or town)	(County) (State)
ME	p.m. 19 at work				
	21. I certify that (I) (this hospital) attended	ed the deceased from Oc	t. 11 . 1965.	to March 16.	19 66, that () (we) last
	saw the deceased alive pn 3 - 13		death occurred at 7 % M		
	22a. SIGNATURE	, , , , , , , , , , , , , , , , , , , ,			2b. OATE SIGNEO
	Alm / Apence	N.O.	ATTENDING MED. PHYS. DIRECTO	R PHYS.	3-16-66
	224 PHYSICIAN'S	m.u.	224 AODRESS	R L Phis. L I	7 .0 -0 -
	NAME (Type) ECHN R 5	PONCER	BURTONSV	ILLF M	D.
232	a. BURIAL, CREMATION, 23b. DATE THEREOF	1 23c. NAME OF CEMETERY			or cometul (Chata)
238	REMOVAL (Specify)	23c. NAME OF CEMETERY	/	LOCATION (City, town	1/ 1/.
1	BURIAL 1/18/66	LEGANON	CEMELENA P	- BANON A	CW IMMPSIME
24	FUNERAL DIRECTOR	ADDRESS	25a. REC'O BY R	1001	STRAR'S SIGNATURE
6	V. W CHAMBERS INC. S.	120611111111111111111111111111111111111	104073	1966 Jaco	year Judal

	02.02.7	CERTIFICATE	OF DEATH	1111150
-	02021	CERTITIONIC		03034
1,5	Montgomery		a. STATE	d lived, if institution: Residence before admission) b. COUNTY
H	b. CITY OR TOWN (If outside carparate limits,	MARYLAND c. LENGTH OF STAY IN 15	CITY OF TOWN OF CONTRIDE CONTROL	e limits, write RURAL and give nearest town)
	write RURAL and give nearest town) Bethesda	C. CENOTI OF STAT III 10	Batte odo	innis, while kokaz one give neoes form
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street oddress)	d. STREET ADDRESS	e. IS RESIDENC
	Reimor Sonitarium +	Hochital	4406 Lelone	ON A FARM. YES NO
3.	NAME OF First	Middle	Lost 4. DATE	Month Day Year March 13
	OFCEASED (Type or print) Frederick	Jones	OFFUTT DEATH	17
5.	SEX 6. COLOR OR RACE 7. MARRIED	THE TEXT INVOICED .	- Lu n /2	AGE (In years IF UNDER YEAR IF UNDER 24 last birthday) Manths Days Hours N
1	nale Cauc. WIDOWED		Sep 26 1887	76 yrs. 5 17
	a. USUAL OCCUPATION (Give kind of work dane 19b. K ring most of working life, even if retired)	IND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (County & State, or for	COUNTRY?
32	FATHER'S NAME	Pointer	14. MOTHER'S MAIDEN NAME	na. America
10	William G. Offutt		Betty Willia	mg
15	The second secon	SOCIAL SECURITY NO. 17. II	NFORMANT	4400 dd Beland St.
Ú	(16, no. of unknown) (16 yes give wor or dates af service)	nknown El:	izabeth Offutt	Chevy Chase, Md.
	18. CAUSE OF DEATH (Enter only one cause per line for		1	INTERVAL BETWEE
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	REBRO VASI	CULAR MCC	OFFI ONSELAND DEATH
	4200 DUE TO	-7 mb 4. 1-1-1	ARTED IDE	LETICOL YEARS
	rise to immediate couse (a), (b)	NERALITEU	1110101010	CERCITY TO
	stating the underlying cause of the lost.	90K105/100	ATIC HARRY	DISEAST VRS
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVE	IN PART I(d) I 9. WAS AUTOPSY
VION				PERFORMED? YES \ \ NO
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING ☐ 20b. DI	ESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Port	Il of item IB.)
1	OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. 1 Haur a.m. While		E OF INJURY (Hame, form, 20f. ory, street, office bldg., etc.)	(City or tawn) (County) (Stot
E	p.m. 17 at wor	k ot wark		11/11/12 10/11/11
	21. I certify that (I) (this hospital) attentions saw the deceased alive on	ded the deceased tram	() C/r , 19 (e2, to	, from couses and on the date stated of
	22g. SIGNATURE	17 17 10 min		22b. DATE SIGNED
	applied H.	KHALLAHUM.D	ATTENDING MED. DIRECTOR	STAFF PHYS.
	22c. PHYSTCIAN'S	CANLLUA	22d. ADDRESS C	8 10/6- 57 8/100
	NAME (Type) - CBERI H.	UTTOLLYAN	11106 211	JI DIKING,
23	do. BURIAL, CREMATION, REMOVAL (Specify) 7 / 3 6 / 6 6	23c. NAME OF CEMETERY OR C		(State (County) (State
V	Burial 3/16/66	Gate of He	aven Cem. Sil	ver Spring, Marylan

VR A15 (4) 20 M 1/66

230. BURIAL, CREMATION, REMOVAL (Specify) BUTIAL 24. FUNERAL DIRECTOR RODERT A. Pumphrey

Gate of Heaven

ADDRESS
Bethesda, Md.

23d. LOCATION (City or Town) (County) Cem. Silver Spring Maryland

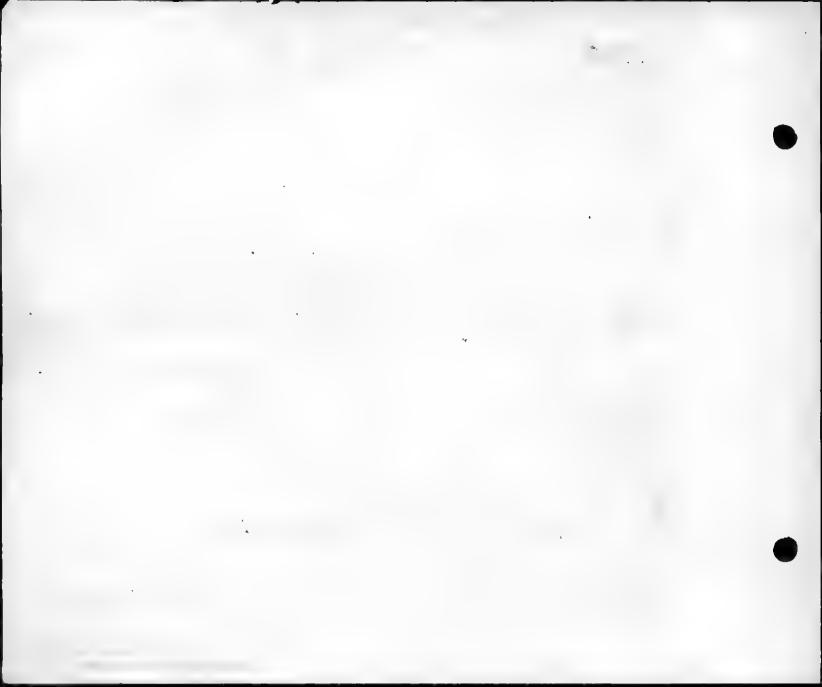
250. RECD BY REGISTRAR

250. REGISTRAR'S SIGNATURE

DATE AR 16 1856 followley Judge

16111		TAGOU
		Non-mylliad
V 100	*	
TO 61 north	Ald Street All	
		Lutter Selven
	and the second	
of Sinks of	political desired	11010
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A STATE OF THE STA		1977

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DADAR funeral 1 and ter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) h COUNTY a COUNTY ON+GO MER MARYLAND papers. Pages I hin 72 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after by the ru CITY OR TOWN b. CITY OR TOWN (If outside comparate limits. LENGTH OF STAY IN 16 (If outside corporate limits, write RURAL and give nearest fown) write RURAL and give nearest town) OR INST TUTON, (If not n hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS \subseteq hASE filled YES | NO 4 - WEST diben NAME OF Middle Lost 4. DATE Doy Year campletely DECEASED OF MARCH 19 (Type or print) DEATH FUNDER 1 YEAR' IF LINDER 24 HRS SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED remove lost birthday) Months Days Haurs WIDOWED DIVORCED and in any AUCASIAN and 12. CTIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done TOB. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) please INDUSTRY physician NGTON TEACHER 13. FATHER 5 NAME 14. MOTHER'S MAIDEN NAMI burial, crematian, ar removal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN? Address / (Yes, na, or unknown) (If yes give war or dates of service CHVELESCENT HOME INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) signed by the burial-transit p DISET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending has been we aetached far use as the State Dept. of Health prior ta lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES -NO this certificate 20g ACCIDENT WAS UNDERLYING [205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or lown) (County) (State) Haur o.m. factory, street, office bldg etc.) Not While at wark After at work 21. I certify that (I) (this haspital) attended the deceased from 100 director, page 3 shauld should be filed with the and that death accurred at 2000 M, from causes and an the date stated above. 1966 TO FUNERAL DIRECTOR: saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF M.D. PHYS DIRECTOR 22d, ADDRESS 22c. PRYSICIAN' NAME (Type) 23g BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town (County) (State) REMOVAL (Specify) FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

VI)		64649	CERTIFICATE	OF DEATH	,,	05030
~	1 1	PLACE OF DEATH	11	2 BOHAL DECIDENCE AND	iere deceased fived, if institution	- 000
		O COUNTY /// A o / + C	,	g STATE // /	b. COJUNT	
		b CITY OR TOWN (if outside conorate limits.	MARYLAND	U P	1 Dhington	100.
	1	write RURAL gradgive nearest fawn)	LENGTH OF STAY IN 16	C CIFT OR JOWN (IF outs	ide corparate limits, write RURA	L and give negresi town)
		DETHESOL	20045+4 hes	U.A	Shing to	D.C. 4.
	-	NAME OF HOSPITAL OR INSTITUTION (If nat in hospital,	give street oddress)	d STREET ADDRESS	11 1	e IS RESIDENCE ON A FARM?
		Suburban:		7801. Co.	NNECLICUT AV	E, N, W YES NO X
		NAME OF First	Middle	011	4 DATE Month	Day Year
		(Type at print) / / LL/E	17.	OLSON	DEATH /Y/AE	ch 20 1966
	S '	SEX 6 COLOR OR RACE 7 MARRIED	_ III.	DATE OF BIRTH	lost hirthday)	Months Doys Hours Min
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-			IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County &	State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
ŀ	uun	HOUSE WIFE.	1003111	CHRISTIAN.	SAND NORWAY	4.0.1
	13	FATHER'S NAME	1	14 MOTHER'S MAIDEN NA	ME /	- /
		USMOND RUS TA	q_{d}	11 TURBU	OR HUSTA	1d ·
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 16. 17. 18. 18. 18. 18. 18. 18. 18	SOCIAL SECURITY NO 17 IN	IFORMANT //	daughtErAddress	
	(16	n, ind, all blickhowny gir yes give wall by dates of servicey	HO	leLAId .	OLSON 48	CICCHN AIE
Ī		18. CAUSE OF DEATH (Enter only one cause per line-to	r (a), (b), and (c))	0		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY.	Umariano	eauce	a.	o accep
		4431 DUE TO 1	1	0		
		Conditions, if ony, which gave (b)	Linurine	ulun	1 diseas	e years
-		stating the underlying couse DUE TO		•		
		lost. (c)			<u> </u>	
	z	PARTIT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO TH	IE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(05)	19 WAS AUTOPSY PERFORMED?
	CERTIFICATION	Corewo vaseulus a	ecceptul in	un aus	wolegen	ayo YES \ NO X
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		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			, ,	
	MEDICAL			OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
1	ME	Haur o.m. While p.m. 19 at wo		ry, street, affice bldg., etc.)	111 10 1	11
		21. I certify that (I) (this bospital) atten		mil 21, 19	Ot to When de	2, 166, that (I) (we) last
		saw the deceased alive an May		death accurred at 🗸	15 AM, fram causes a	nd an the date stated above.
- 1		220 SIGNATURE	1	ATTENDING A N	LED STAFF	22b. DATE SIGNED
		C Rycec	M.D.	PHYS LX D	IRECTOR PHYS	2. 21 -6 Conc
-		22c. PHYSICIAN'S NAME (Type) OPRVIA	D	22d ADDRESS	(+ all 111	6 7 89016
		NAME (TYPE) CPRYLAN	У	17400-79	71 m. WW	zunguuve
-	230	BURIAL, (REMATION, 23b DATE THEREOF	23¢ NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Town	i) (Columby) (Stote)
	J	Removel 3-22-1966	Fisher-Luth			Minn.
	24	oseph gawler's Sons,	T.D.C. ADDRESS	2So REC'D		STRAR'S SIGNATURE
- 1	Б.	130 Wisc. A ve. N.W:	wash.DC.	DAMAR	24 1966	ionely Juage

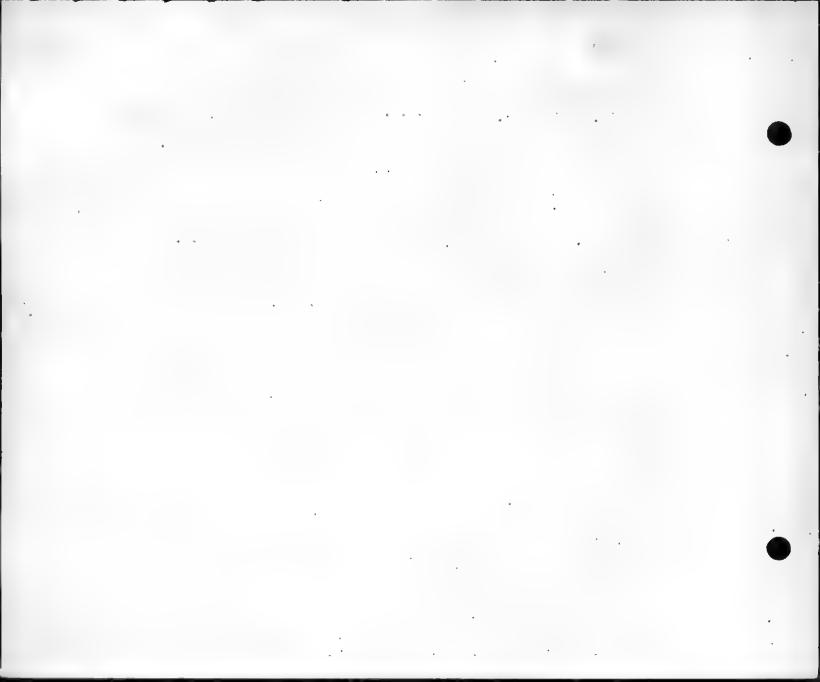
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove cabon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any extension, within 72 hours after deoth,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the leath certificate be executed within 24 hours ofter death.

Poge 4 may be retained by the haspital or attending physicion.



"Kra	146	12		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
110	V	TOP		CA050 CERTIFICATE OF DEATH 04040
27	death	funeral apd 2	7	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission and COUNTY).
J	(5	e _ e		flontgomery County Maryland Maryland Maryland Montg. County
Si	ON #	ages s aft		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
200		in by Pag hours		Sil. Spring, Md. D. WAXXXVIX KNOWN Rockville /
(F)	1 24 ĥ	filled saper in 72	1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Holy Cross Hospital d. STREET ADDRESS 4610 Wilwyn Way ON A FARM YES NOT
179	With the	0 42		3. NAME OF DECEASED (Type or print) Achilles Ophanos 14. DATE Month Day Year OF DEATH Mar 30 1966
101	recuted	nd complimove cal		5. SEX Married Never Married 1/22/10 8. DATE OF BIRTH last birthday) White Widowed XX Divorced Divorced yrs. 9. AGE (in years IFUNDER 1 YEAR IFUNDER 1 Y
18	(S a	ician a sase re		10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) Cau Driver 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) Vashington D.C. 12. CITIZEN OF WHAT COUNTRY? COUNTRY? COUNTRY? Country? Country? Country & State, or foreign country)
17)st //	physic ral, al		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
wi)	、で語。	- m 2 0		Constantine Orphanos Amelia Korakis
18	death cert	e ii.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) no None (Address Amelia Ray 4610 Wilwyn Way, Rockvil
JON	A a a	by the a ansit per remation,		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TO THE MY OCCUPATION INTERVAL BETWEE ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
2000	es that	signed signed burial-tra burial, cr		conditions, If any, which \ DUE TO Chronic Coronary Insufficiency Undefermin
N K	da	een he l		gave rise to Immediate cause (a), stating the DUE TO Myocardial Infarction (old) (Wultiple) Syears underlying cause last.
Viy	W. W.	has be as the harior		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
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cal	SICIAN	s certification in the control of th		Diabetes Mellitus 20a. Accident was underlying and accident was underlying accident was underlying accident ac
200	C PHYS	er this e detac		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 4 while 20d. While 2
0,	NICE	S T T T T T T T T T T T T T T T T T T T		21. I certify that (I) (this hospital) attended the deceased from talks / 1932, to 17 ar 30, 1966, that (I) (we) la
WA	/ PE	CTOR: A should vith the		saw the deceased alive on the date stated about that death occurred at p. M, from the causes and on the date stated about
11	0 % % S	MH (4) 22		22a. SIGNATURE 22b. DATE SIGNED 22b. DATE SIGNED 180. 180. 180.
1)0	PITA	ERAL Or, p.	1	22c PHYSICIAN'S NAME (Type) CORE Dall 22d. ADDRESS Georgia Que Silver Simo Ma
ÿ	KDS KN	FUNI direct		
X	7 20	5 p &		23a. BURIAL CREMATION, 27. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL CREMATION, 27. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Rockville Maruland
P	2		. 0	24. FUNERAL DIRECTOR Sten Conte 8434 GADRESSIA AVENUE 252. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
7		AL5 (4) M 1/65	B	Warner E. Pumphrey, Inc. Silver Spring, Md. MAPR 5 1966 Charles Judge.



1 M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	CERTIFICATE OF DEATH, 1141141
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ter the first star of the firs	Mantagenery Maryland Mantagenery
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a and a second	Holy Cross 415 Indian Spring Dr YES NO
d within 24 hours after on mpletely filled in by the fucarbon papers. Pages 1 and, within 72 hours after of	3. NAME OF First Middle CVENIDI DC dest / 14. DAYE Month Day Year
_ 52E~	(Type or print) Hatty OTENberg DEATH Mar. 10 1966
executad	last birthday) Months Oays Hours M
	10a. USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11 REPTHOLAGE (County & See or foreign country) 12 CITIZEN OF WHAT
hysician please il, and in	during most of working life, even if retired) Ret rocert. Ret. chia. ft INDUSTRY RET. WORK - New Chia. ft USA
ificat s phy oval,	14. MOTHER'S NAME
ath certificate be a attending physician rmit. Then please in, or removal, and in	Samuel (Kenburg Rachel
death certificate be the attending physicial it permit. Then please attorn, or removal, and it was a transfer or the second of t	Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT SON Address Dr., S. S.N. Harold Oxenburg 415 E. Indian Spring
the deat ion. d by the at ransit perm cremation,	18. CAUSE OF DEATH [Enter only one cause per line for (6), (b), and (c).]
irem that the cappaignment of physician. In signed by the burial-transit of burial-transit of the companion	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Court & Court & Character of Chara
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ttending has been as the prior to	underlying cause last. (c)
N: The law tal or atten inficate has for use as Health pric	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED YES NO. 20a. ACCIDENT WAS UNDERLYING OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH
	YES NO. 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
the hospital this certific detached for Bobt. of H	G (IF ETHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not While at work at work at work
高りまらば・4	
L OR ATTENDIA Sy be retained OIRECTOR: Af Sage 3 should be sided with the S	21. I certify that (I) (this hospital) attended the deceased from FA-15, 19 66, to 3-10, 1960 that (I) (we) saw the deceased alive on 3-1960, and that death occurred at AM, from the causes and on the date stated about 1960 that (I) (we)
R AT BECT 3 31 With	22a. SIGNATURE // 22b. DATE SIGNED /
SPITAL OR 4 may be 1 (ERAL DIRE tor, page 3 d be filed w	22c. PHYSICIAN'S ATTENDING MED. STAFF 3-10-66
HOSPITAL age 4 mar FUNERAL rector, pr	MAME (Type) DR. JASON GENGER 1110 Spring St., S. S., Md.
TO HOSPITAL Page 4 may TO FUNERAL director, pa	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
F F	Birta S/13/66 Myolarid Methoria Gurdi talls Church 1 1860 1 a
VR A15 (4)	24. FUNERAL DIRECTOR B. DANZANSKY + Sory & ADDRESS 3501-14257, 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE NW COASH, D. C DATE AR 14 1936 Millianles Judge
15M 4-64	T DATE



e. IS RESIDENCE ON A FARM?

Year

1966

Hours

INTERVAL BETWEEN

CONSET AND DEATH

WAS AUTOPSY PERFORMEO?

NO 🔼

(State)

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Davs

12. CITIZEN OF WHAT

19.

19 6 6, that (I) (we) last

(County)

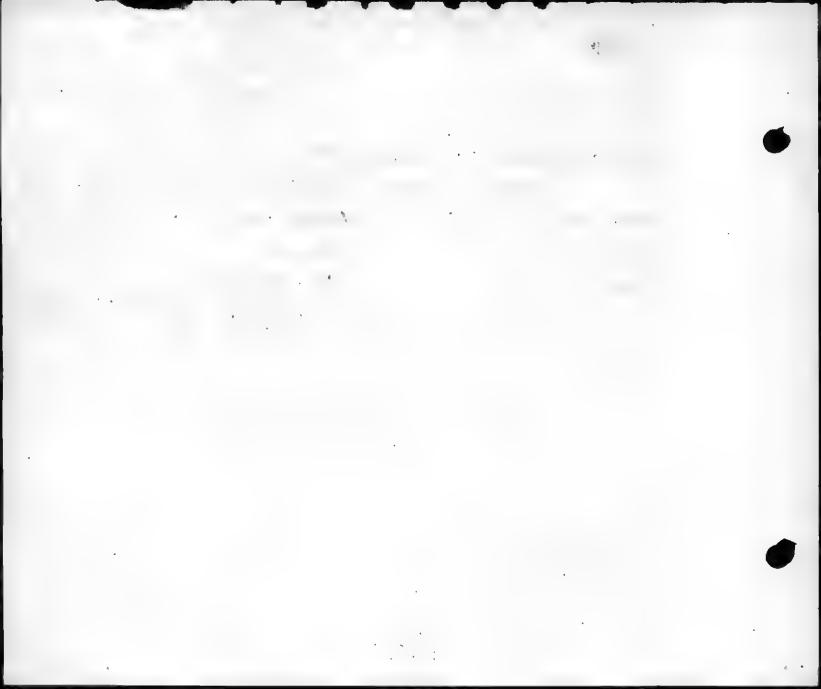
town or county

REGISTRAR'S SIGNATURE

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VR A15 (4) 15M 9/59

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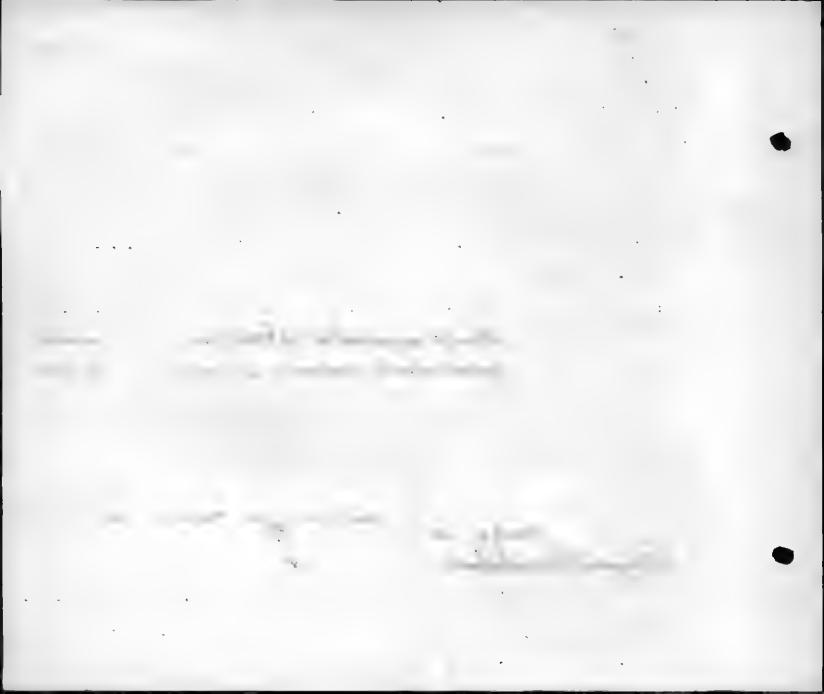
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMODE 1 MAR

BALTIMORE 1, MARYLAND

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		CE	RTIFIC	CATE	OF	DE/	HTA

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Г	o. COUNTY				2,	USUAL RESIDENCE (Who o. STATE	ere decease	d lived. If instituti b. COUNTY		before admi	ission)
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Г	b. C TY OR TOWN (I RURAL and give no	1ь	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
Т	Silver Spr	*	1 ,	Silver Spri	10			15-	1		
		AL (If not in hospital, g	ive street oddress			d. STREET ADDRESS	2				SIDENCE A FARM?
	13300 Call	inground Tel	- 17	3300 Collins	amand	Terroce	0		NO [2]		
3	NAME OF	Fir		Middle		Lasi	4. DATE	Mor	ıth	Day	Yeor
ı	(Type or print)	Shelly	,	See.	p	atterson	OF DEATH	March		11	19 66
1	S. SEX	6 COLOR OR RACE	7- MARRIED	NEVER MARRIED	- '	ATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y		
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ĩ	3. FATHER'S NAME	0 300 0	10000	06,072	(-P	4. MOTHER'S MAIDEN N	AME	<u> </u>	- IV-Jal	-	
1	Marcha P. 1	Datterson				Anis Geran	1011				
1	5. WAS DECEASED EVE		CES? 16 SOCIAL	SECURITY NO.	17, INFO		2312	Add Add	ress		
1	(Yes, no. or unknown)	(II yes, give war or dates of s		2002	0	Virginia Pa	44	F3300	بدرد الع	gronge	10000
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		TH WAS CAUSED BY:	12	and the same of th		Till inf	-n 7	Fine		ONSET AN	DEATH
	PART I. DEATH WAS CAUSED BY: Homediate Cause (a) Acute myocardial intarction Immediate 420 Due to										
	7 000 /	Conditions, if any, which) (b) Arteriosclerotic coronary disease 6 years									
ı	gove rise to i	mmediate		103C/Ero	112	COPONATY	d15	PASE		4 y	cars
	couse (o), stoting the <u>under-</u> lying couse lost.										
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	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200. DESCRIBE II	OW INJOKT OCC	OKKED. (I	mer noisie or mary in r	GIT T OF T GI	THE OT HOU. IN			
		Y Month, Doy, Ye				OF INJURY (Home, form, street, office bldg., etc.	20f. (City	or town)	(Cou	inty)	(Stote)
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	220 SIGN ATURE	A /2	17	Zalse / Gild II	idi ded	III occorred di 2.73	141, 31 GH	me cooses at	id dil lile c		2b. DATE
	Waym	and OSr	Asha	1	M.D	ATTENDING ME	D. RECTOR	STAFF PHYS		3-11-6	SIGNED
	22c. PHYS CLAY'S NAME (1/pe)					22d. ADDRESS					4
	NAME (U/pe)	Ray and Bro	dihar			345 Unive	raitu	Blud., S	iluer "	Sneine	· MH
2	30. BURIAL, CREMATIO	N. 236. DATE THEREC		NAME OF CEMETE	RY OR C			TION (C'ty, town,			ofe)
	REMOVAL (Specify)	March 15	1966 A	lington	Nat:	anal Courte	-	lington		aia	
2	A, FUNERACTORECTOR	S SIGNATURE		DDESS	7 1 47		D BY REGIST	the same of the sa	STRAR'S SIGN	ATURE	
1	THE WOOD TO	12 fleon	120 Sil.	in Snin		anda HAER	75 10	996 6	Kens En	Judge	



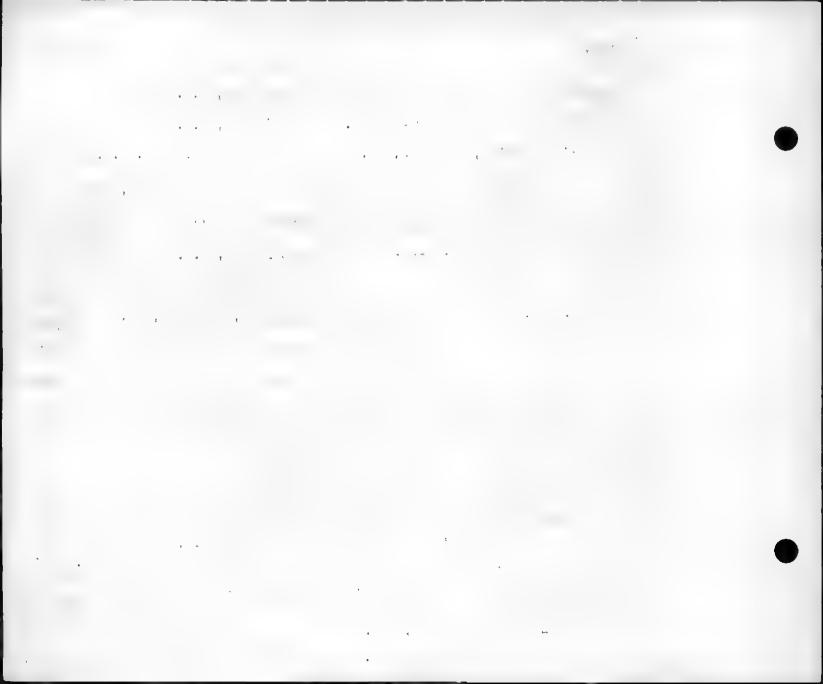
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 J4054 CERTIFICATE OF DEATH funeral s 1 and 2 ter death, executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institut an Residence before admission PLACE OF DEATH **a** COUNTY Maryland Montgomery MARYLAND burial-transit permit. Then please remove carban papers. Pages I burial, crematian, or removal, and in any event, within 72 haurs after b. CITY OR TOWN (If outside corporate implis-CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) write RURAL and give nearest town) Silver Spring e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) campletely filled in NURSING + Conv. NO X physician and campterety ren please remove carban 3. NAME OF Muddle 4. DATE DECEASED OF (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH birthday) Haurs WIDOWED X 10o LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) JSA COUNTRY? during most of warking life, even if retired) INDUSTRY Russia FICUSE WIF 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending phys Hinda 16 SOCIAL SECURITY NO Address (Yes, na, or unknown) (If yes give war or dotes of service) CAUSE OF DEATH (Enter only one cause per fine for (a), (b) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ARDIAL ONSET AND DEATH IMMEDIATE CAUSE (a) signed by **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. Canditians if any, which gave rise to immediate cause (a). stating the underlying cause has been last 19 WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? TER 10 SCLEROSIS NO certificate 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year TO FUNERAL DIRECTOR: After this Haur o.m factory, street, office bldg., etc.) Not While 21. 1 certify that (I) (this haspital) attended the deceased from director, page 3 shauld should be filed with the 19 00, and that death accurred at 120 p.M. fram causes and on the date stated above. saw the deceased alive on. 22b. DAPE SIGNED 22a. SIGNATURE DIRECTOR MARCUS MOYOLS SPR 22c. PHYSICIAN'S 230 NAME OF CEMETERY OR CREMATORY Cem. 230 BURIAL, CREMATION,
BUILL SPECIFY) LOCATION (City or Town) 3/3/66 Dhev Sholom-Talmud Totah Wash., REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	04353	5		CERT	IFICATE	OF	DEATH				04	()4;	5 /
	PLACE OF DEATH o. COUNTY Montg				ARYLANO	o. S	Mashin	gton.		NTY			in) v
	b CITY OR TOWN (write_RURAL ond	f outside corporate limits I give nearest town) SCIA	i,	2 hrs-5		CITY	Washin		ate imits, write RU	IRAL ond giv	e neoresi	town)	
	d NAME OF HOSPITA	AL OR INSTITUTION (If no		ive street oddress)		d. STRI	ET ADDRESS					IS RES C	ARM?
2	NAME OF	linical Cen		etnesaa,	Ma.		4545 G	Onnect	Mon		Doy	YESYec	NO XX
	DECEASED (Type or print)	JONAT		PAUI		PE	RRY	OF DEATH			966	19	,11
5		6 COLOR OR RACE White	7 MARRIED WIDOWED	NEVER MARK			vember		Jast birthdoy)	IF JNDER Months	T YEAR Doys	Hours Hours	Min Min
100		(Give kind of work done	10b. KI	ND OF BUSINESS OR DUSTRY			Washin	& Stote, or fo		12. (1	TIZEN OF UNTRY? USA	TAHW	
	FATHER S NAME	n Perry				14. MC	THER'S MAIDEN Doris	NAME					
15. (Y∈	WAS DECEASED EVE is, no. or unknown) NO	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	f service) 16.	social security no		INFORMANT Medial Records Address Linical Center, Bethesda, Md.							
		ATH (Enter only one cou H WAS CAUSED BY. IMMEDIATE CAUSE	T	(o), (b), ond (c)) ntraceret			-					RVAL BETT ET AND D TOU	
	Conditions, if ony, rise to immediat storing the under lost.	which gove) e couse (o),	(b) A 10 7 B (c) Zeen	cute Myel	70 N.1.	H. 7	Toget fo	viller	melyer	egi Coi	dea 119	WOE LIEL	DPSY
CERTIFICATION	20a ACCIDENT WAS			SCRIBE HOW INJURY								PERFORMI S	NO E
MEDICAL CEL	(IF EITHER, NOTIFY	MEDICAL EXAMINER) IRY Month, Doy, Yeor 1.	20d IA While	Not While of work			URY (Home, for , affice bldg., etc		(City or town)	(Co	unty)	((Stote)
	21. I certi	by that (this has beceased alive an M	pital) otten	ded the decease	ed from Mi	arch t death	accurred a		March	and an t	he date	e stated	
	220 SIGNATURE	auri x	has	luca	M.C). P HY		MEO. OIRECTOR	STAFF PHYS.	22b_D	ATE SIGN	0/6	6
	22c. PHYSICIAN'S NAME (Type)	C. Franc	213 2	ea /es.	sam	4	ADDRESS 3547C	her	ferke	dx.	yw	200	08 6
	BURIAL, CREMATIC REMOVAL (Specify urial			23c NAME OF C			RY		CATION (City or To	ch. V	(County)	,	itote)
24	FUNERAL DIRECTO			ADDRESS			2Sq. REC	D BY REGIST	RAR 2Sb R	EGISTRAR'S	SIGNATUR		e .

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campietely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. af Health priar to burial, crematian, or removal, and in any every within 72 hours after death Page 4 may be retained by the haspital ar attending physician.



THE MOSTITAL OF MITERIALS PHYSICIAN: The law requires that the death conficuely be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth.

		N OF STATISTI			ND STAT		PARTME , 301 W. F			TH ET, BALTIM	ORE 1, M	IARYLAND	
	04056			(ERTIF	ICATI	E OF D	EATH				04046	
1.	b. CITY OR TOW write RURAL Chevy Ch	SOMERY N (If outside corpora	vn)		NGTH OF STA		a. STA Mac. CITY OR Cl	TE Prylan TOWN (IF O DEVY AOORESS	nd outside co Chase	b. con MOA prporate limits, v	YTNU	esidence before admission T'T end give nearest town e. IS RESIDENC ON A FARM?	n)
~=	NAME OF).nose				YES NO]
	NAME OF DECEASED (Type or print)	Beatric	Irst <u>e</u>	Boyo	Middle F	eter	Last S		4. DATE OF DEAT	H Mar.	3rd	Day Year 196619	
-	sex Temale	6. COLOR OR RACE		VED NE	EVER MARRI DIVORC		3. DATE OF 7.24.		1	AGE (In year last birthday	Months	1 YEAR IF UNDER 24 HR Oays Hours Min	
10a dur	Ing most of work	ION (Give kind of work ing life, even if retire EWITE	done 10	b. KIND OF INDUSTR)R	11. BIRT			e, or foreign count	ry) 12. Cl	TIZEN OF WHAT	_
13.	FATHER'S NAM			at ho	ome			ER'S MAID			t		-
15 (Ye	WAS DECEASED (M BOVO EVER IN U.S. ARMED FO (If yes give war or dates	ORCES?	16. SOCIAL	LSECURITYN		Adl INFORMANT Deffre			known) Addi Chica		7	_
		Immediate Cove	(a) _ A TO (b) _ C	er line for CUTB	(a), (b), and (B) / (C) / (C)	(c).] *017.Q \$BU	ery of	cclus is ra	se se			INTERVAL BETWEEN ONSET AND DEATH	
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING THE CONDITION OF THE CAUSE OF DEATH OF THE CONTROL OF T	ONS CONTR							NOTION GIVEN I		19. WAS AUTOPS' PERFORMED? YES NO	
MEDICAL	Hour a.n	m. 19	Wi	work 🔲 a	ot While	facto	CE OF INJUR	ice bldg., et	tc.)	(City or town)	(Cou	inty) (Stete)	
	21. I certify that (I) (this hospital) attended the deceased from // 4 r 30, 19 6 k to // 4 r 3, 19 6 c, that (I) (we) last saw the deceased alive on												
	22c. PHYSICIA NAME (T)	(pe) AT AT. C	Zua	SILE	}			DDRESS.	INEST.	NW. Was	skingil	tonDe	
	rematio	$n = \frac{3}{3}$	THEREOF	I	Lee's		or cremat	V	Wa	shingto	n, D.	С.	
24	. FUNERAL DIRE	Washi	ulera	-	ADDRESS			25a. REC	make a	ISTRAR 25b.		S SIGNATURE	

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TO HURFITAL DR ATTENDING PHYSELIAN: The law requires that the death mertificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
O4057
CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)					
a. COUNTY Montgomery MARYLAND	a. STATE Maryland b. COUNTY Montgomery					
b. CITY DR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Olney d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	R. F. D. Germantown					
	d. STREET ADDRESS POX 61 6. IS RESIDENCE ON A FARM?					
Montgomery General Hospital	% Mrs. James S. King					
3. NAME OF First Middle DECEASEO TO THE TOTAL TO THE TOTAL TO THE TOTAL	Last 4, DATE Month Day Year					
(Type or print) Virginia Rebecca Plummer	0EATH March 13, 19 66					
7. MARKIED NECER MARKIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Jast birthday) Months Days Hours Min.					
	ugust 14, 1093 12 yrs.					
10a USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS DR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
Housewife Own Home	Maryland U. S. A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Crittendon Walker	Virginia Coomes					
(Ver no as tinkown) 1/16 me nive was as dates of empire)	INFORMANT Address					
No. 10, 00 alliaumi) (17 yes give nas or vales of service) 570 = 146 = 6339 Mg.	s. Hilda King, RFD Germantown, Maryland.					
18. CAUSE OF CEATH [Enter only one cause per line for (a), (b), and (c).1	I INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY: Adenocarcinoma lef	t breast with multiple metastases 2 yrs.					
Terminal Bronchopne						
Conditions If any which I	L day •					
gave rise to immediate						
cause (a), stating the DUE TD underlying cause last.						
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY					
THE STATE OF THE S	PERFORMED? YES NO					
2Da, ACCIDENT WAS UNDERLYING 1 20b, DESCRIBE HOW INJURY DCCU	IRRED. (Enter nature of injury in Part I or Part II of item 18.)					
B OR CONTRIBUTING CAUSE OF DEATH No injury						
20c. TIME DF INJURY Month, Day, Year 2Dd. INJURY DCCURRED 20e. PLAI factor a.m.	CE DF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)					
Hour a.m. 19 While Not While factor at work at work	ry, street, onice plog., etc.)					
	ebruary 21, 1966, March 13, 1966, that (1) (We) last					
saw the deceased alive on March 13, 1966, and that	death occurred 12:25 M, from the causes and on the date stated above.					
22e_SIGNATURE	L 22h DATE SIGNED					
In the landre Just M.O	ATTENDING MED. STAFF March 13, 1966					
PHYSICIAN'S NAME (Type) M. McKendree Boyer. M. D.	22d. ADDRESS					
NAME (Type) M. McKendree Boyer, M. D.	9701 Church Street, Damascus, Maryland.					
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) 3/16/66 Forest Oak	OR CREMATORY 23d. LOCATION (City, town or county) (State)					
3/16/66 Forest Oak	'aithershurg, Yaryland					
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
Tyson Wheeler-1331 Rockville Pike, Rockvil	1e, Md. MAR 16 1966 flanles Judge					



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EVAMINEDIS OF DETERMINED BY A MINERIA DE LA CONTRACTOR DE L FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY b. CITY OR TOWN (If outside corporate limits, LRYLAI MARYLAND Department after death. the funeral 5 may be c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 12-4.0 e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? delay ...
Ind 3 to 13. Page State hours YES | GENERAL DELIVER NO SHRHRBAH 2, ■nd PM3. Year DATE Month NAME OF Middle Last 3. the 72 OF DECEASED 19 66 (Type or print) DEATH 8. Give Pages 1, 2 long with form P IF UNDER 1 YEAR IT UNDER 24 HRS AGE (In years 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED [NEVER MARRIED last birthday) Months Days Hours DIVORCED event and 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY along any pages in any uted within 24 hours af y" in pencil in Item 18. (Examiner's Office along 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fife 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. IMFORMANT (Yes, no, or unkown) ! (If yes give war or dates of service) permit. I EXAMINER: This certificate should be executed within INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: burial-transit generation, or r Lobar pneumonia IMMEDIATE CAUSE (a) "pending" Medical E DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** (a), cause stating ng the word to the Chief LQ " underlying cause last. (c) ed as burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? YES DC NO [2 22 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.) 20a. EXTERNAL CAUSE WAS certificate, writin forwarded PRIMARY TO OF CONTRIBUTING T 3 should agent, pri CAUSE OF DEATH. WEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour e.m. While Not While DIRECTOR: Page or its designated at work ___ at work Inspection X, Inquiry X and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy X. s sould Undetermined manner Suicide Homicide death resulted from: Accident please execute director. Page 4 s retained for your i CHIEF MEDICAL EXAMINER or its 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY MEDI SIGNATUR FUNERAL I DEPUTY MEDICAL EXAMINER 🔀 EXAMINER'S Address (Street, city, town, or county) NAME (Type) 23b4 MUTUR CREMATORY Poolesville, Ma. (State) BURIAL, CREMATION, DATE THEREOF REMOVALO (SDEE UV) 5 9 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

1966

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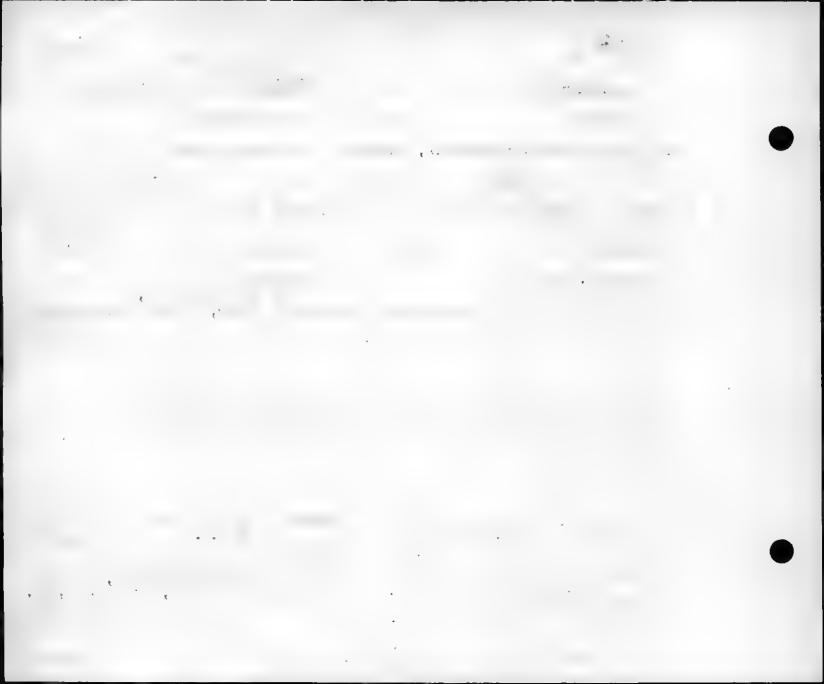


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uted within 24 hours after d	-completely filled in by the fu	ive carbon papers. Pages 1 a
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certificate b	nding mhysici	. Then pleas
death	he atte	permit
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	rage 4 may be retained by the nospital or accouning physician. FINERAL DIRECTOR: After this certificate has been signed by the attending mhysician.and-completely filled in by the funeral	lirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2
HOSPITAL OR ATTENDING	FUNERAL DIRECTOR: After	firector, page 3 should be

I.	tem 18 F	Film G376 4	+/2mar	LAND STATE DE	PARTMENT O	F HEALT	ГН				
	04059		CAL RESE	ARCH AND RECORD	S, 301 W. PRESTO E OF DEAT!		ET, BALTIMO	RE 1, MA	ARYL	AND)
_				OLIVIN IOM							<u></u>
	PLACE OF DEAT			MARYLAND	2. USUAL RESIDEN a. STATE Virgin		eceased lived, If ins b, COUN			before ad	mission
	b. CITY OF TOW Write RURAL	R (if outside corpora and give nearest tov	te limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside co				neares	t town
	Beth	esda		68 Days	Natura]		ze .	· · · · · · ·	7 .		
	d. NAME OF HO	SPITAL OR INSTITUTION	ON (If not in ho	ospital, give street address					0.	IS RES	FARM?
-				la 14, Marylan	d (No str				Y		NO X
3.	NAME OF DECEASED	F	irst	Middle	Last	4. DATE	Monti	3	Day	Yea	ar .
	(Type or print)	Der	nis	Walter	Price	DEAT	H Marc	h	19	19	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	19	- AGE (In years	IFUNDER 1			
	Male	White	WIDOWEO		28 October 1	1908	last birthday) 57 yrs.		ays	Hours	Min.
10a dur.	. USUAL OCCUPATING most of work	TION (Give kind of work ling life, even if retire	done 10b. K	IND OF BUSINESS OR NOUSTRY	11. BIRTHPLACE (County & State	e, or fereign country	12. CIT	IZEN O Intry?	F WHAT	
	Minist	er		Religion	Cer	vlon .		Br	ita	in_	
13.	FATHER'S NAM	1E			14. MOTHER'S MAT	DEN NAME					
15	Walter	C. Price EVER IN U.S. ARMED FO	DDC CD2 1 16	COOLST COMPLETANO 1 17	Elva Jo		n Addre	ė p			
(Ye	s, no. or unkown)	(If yes give war or dates	of service)		INFORMANT The h			-			
	No		Not	Available Th	e Clinical C	Center,	Bethesd	a 14,	Mar	ylar	id
Lι	18. CAUSE OF	DEATH [Enter only or	e cause per li	ine for (a), (b), and (c).]				1	INTERVAL BETWEEN		
Н	PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE	to total	4/2011/66+614	dod Pneumo	onia		1	100	CAREE	
	157	TWW.EDIATE CAOSE		DI WOXII AZZILELI	Visia.						
11	Conditions, if		(b) I &	slet cell car	cinoma						
	gave rise to cause (a), s		то					1			
Ιí	underlying caus		(c)								
TION	PART II.OTHER	SIGNIFICANT CONDITI		JTINGTO DEATH BUT NOTRE	ATED TO THE TERMINAL	DISEASE CO	NDITION GIVEN IN	PART 1(a)		WAS AU PERFOR	MED?
									YES		NO [
CERTIFICATION	202. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING TING CAUSE OF OEATIFY MEDICAL EXAMI	TH 20b. I	DESCRIBE HOW INJURY OC	URRED, (Enter nature o	of Injury In F	Part I or Part II o	f Item 18.)			
EDICAL	20c. TIME OF Hour a.	INJURY Month, Day, m.	Year 20d. II	Not While fac	ACE OF INJURY (Home, it tory, street, office bidg.,	farm, 20f. etc.)	(City or town)	(Coun	ty)	(5	State)
ž		m. 19	at work						,		
	21. I certi	fy that 😘 (this hos	pital) atte <mark>nd</mark> e	ed the deceased from 1	O January ,	19 <u>66</u> , to	19 March	, 196	6 th	at Ok (v	ve) fas
		ceased alive on]	9 March	19 66, and th	at death occurred at	2:45 MAT	Mn the causes				abovi
	22a. SIGNATU	RE	//_	^ ^	ATTENDING	HED	CTAFF	22b. DA	TE SIG	NEO	
	Mil	liam !	, 40	129\ M	.D. PHYS.	MED. DIRECTOR	PHYS.	119 Ma	rch	196	6
Ш	22c. PHYSICIA NAME (T		D Uof	zer, M.D.			nical Ce				
23ã	. BURIAL, CREN			23c. NAME OF CEMETE	Institute		calth, B		_		tate)
Zoa	REMOVAL (Sp	ecify)									
08	Burial OB		66	High Bridge	Presp. Cem.	Natu EC'D BY REG	ral Brid	PEISTRAP'S	rgir	TIPE	
	// suc /	LINOn	Perg		rfax Dr.	D 0 0	100			A C	
	rlingtor	1 Funeral H	ome	Arlington, V	R. DAMA	KZZ	1956 /	liarle	1 /4	de	-

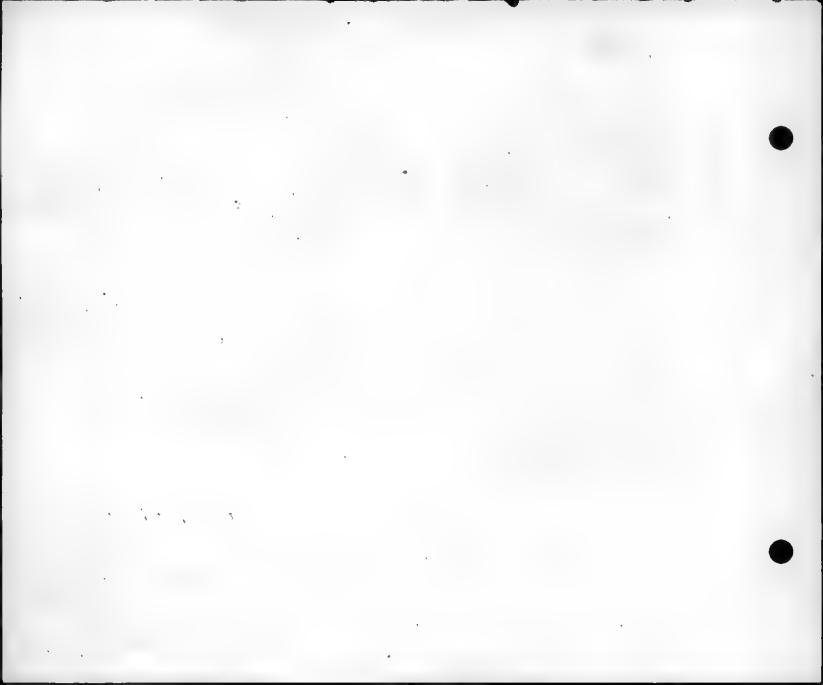
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove parbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. IN MESPITAL ON ATTENDING PRYSICIAN: The law regules that the death mertificate be executed within 24 hours alter death.

Page 4 may be retained by the hosmital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND								
	04060 CERTIFICATE OF DEATH	4050							
	PLACE OF DEATH a. COUNTY Description: Marylano b. CITY OR TOWN (if outside corporate limits, 1 c. LENGTH OF STAY IN 1b) 2. USUAL RESIDENCE (Where deceased lived, 1f institution: Reside a. STATE b. COUNTY MARYLANO c. CITY OR TOWN (if outside corporate limits, write RURAL and	A. 1							
	b. CITY OR TOWN (if Outside corporate limits, write RURAL and write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO X							
	(Type or print) Katharine a. Lice DEATH March	Oay Year 19 66							
Da.	a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZ	EN OF WHAT							
⁄duri	Washington, D.C. U.S.								
13.	7700040077	A M.A.							
	Richard Claxton 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address Was no. or unknown) (If yes give war or dates of service) None Harry L. Claxton 1350 Junip	sh. D.C.							
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)	NTERVAL BETWEEN ONSET AND DEATH							
CERTIFICATION		19. WAS AUTOPSY PERFORMEO? YES NO PERFORMED							
L	20c. TIME OF INJURY Month, Cay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) p.m. 19 at work 1 at work								
	saw the deceased alive on 3/22 / 19 66, and that death occurred at 200 M, from the causes and on the	that (I) (we) last date stated above.							
24.	Burial 3-25-66 Mt. Olivet Cem. Washington, D.C.								



VR A15 (4) 20M 1/65

		MARYLAND STATE					
DIVISION	OF STATISTICAL	RESEARCH AND REC	ORDS, 301 W.	PRESTON	STREET, BA	LTIMORE 1,	MARYLAND
14967		RESEARCH AND RECO	CATE OF	DEATH			04051

PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
MONTGOMERY MARYLAND	a. STATED DECNY 6 ONERY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
SILVER SPRING	SILVER SPING 15-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 1 e. IS RESIDENCE
HOLY CRESS HOSP.	1808 BLUERINGE AVE ON A FARM?
3. NAME DF First Middle	Last 4. DATE Month Day Year
DECEASED (Type or print) TEMA	RAJZ DEATH MARCH 20 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.
WIDOWED DIVORCEO	6/1/81 - 8 vrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even If retired) INDUSTRY	COUNTRY?
Housewife 13. FATHER'S NAME	Poland Poland
13. PAIRER 3 NAME	
Moses Katz	Bertha Rojter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes pive war or dates of service)	INFORMANT Sov Address 2914 W. Lunt
NO UNENDUN L	eo Reiss, Chicago, Illinois
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Cardiac are	st (probably Infantion) MINUTES
Una I	
Conditions, If any, which (b) Carterior clearly	Cardinoras D. Diseise Mrs.
gave rise to Immediate	
cause (a), stating the	
	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119, WAS AUTOPSY
E 00 + 01 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mall Fry 3) Rocut Premove YES 1 NO DE
203. ACCIDENT WAS UNDERLYING I 1 200. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
G OR CONTRIBUTING I CAUSE OF DEATH G (IF EITHER, NOTIFY MEDICAL EXAMINER)	INKED. (Enter nature of injury in Part I of Part II of Item 203)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	
While I work while I	ory, street, office bldg., etc.)
	19 2011 to March 20 2011 that 11 1-1 last
21. I certify that (!) (this-hespital) attended the deceased from M saw the deceased alive on March 19 1966, and that	t death occurred at 6:55M, from the causes and on the date stated above.
saw the deceased alive on 77 1951, and tha	22b. DATE SIGNED
5 10 CD 200	ATTENDING (MED. STAFF DE COLUMN)
22c. PHYSICIAN'S M.E	D. PHYS. DIRECTOR PHYS. 1
NAME (Type) Gene U. Cohen, M.D.	1106 Spring St. Sil. Spr., Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 125C, NAME OF CEMETER	
BURIAL (Specify) 3-22-66 YOALE ZEX	DEK GEM FOREST MARK ILL
24. FUNERAL DIRECTOR ADDRESS	/ 7 5 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Det Moein time - tono	WAMAR 23 1966 Scharles Judge
Jacquel June 1 1914	4-4-==

P .

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	222	
1.	- ADDITION	USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE
		maryland mont.
		ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		Bethesda
		TREET ADDRESS B. IS RESIDENCE ON A FARM?
	Washington Sonitarium 3/ Hospital	4944 Hampdon Lane YES NO 18
3.	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) Evelun Ann Ra	mer DEATH March 22 1966
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DA	TE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months I Days Hours Min.
	te Amer. W WIDOWED DIVORCED 7-	15-94 last birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11.	BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
Juli	during most of working life, even if retired) INDUSTRY Home	Washington, D. C. C. COUNTRY?
13.	13. FATHER'S NAME	MOTHER'S MAIDEN NAME
	Norval L. Nut well Eve	elyn Hall
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOR	
(TE	(Yes, no, or unkown) (If yes give war or dates of service) Unknown	Miam A. Kamer husband Same
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Team racing of as
	TX (. E) DUE TO	to 11. + Di
Н	Conditions, if any, which (b) Chilowocker	cie Hear Desense I yen
Ш	gave rise to immediate (cause (a), stating the DUE TO	
	underlying cause last. (c)	
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CAT	Mitastania to fundo + abdomen From	Carcinoma of Breast YES NO NE
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INTORY OCCURRED.	(Enter nature of Injury in Part i or Part ii of Item 18.)
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	The second of th
		INJURY (Home, farm, 20f. (City or town) (County) (State)
MIDICAL	Hour a.m. While Not While	set, office bldg., etc.)
Σ	p.m. 19 at work at work	
	21. I certify that (I) (this hospital) attended the deceased from	1955, to 22 March 1966, that (1) (m) last
		h occurred at 1.58 M, from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE SIGNED
	Xussell / S Umold M.D. AT	TENDING MED. MED. STAFF 3/22/66
	22c. PHYSICIAN'S	2d. ADDRESS
	NAME (Type) RUSSELL B. ARNOLD	1106 Spring St., Silver Spring, Md
23a	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C	
h11	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CORRESPONDENCE OF CHARGOS IN A STATE OF CHA	
24	24. FUNERAL DIRECTOR ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
RO	ROBERT A. PUMPHREY Bethesda, Maryla	DC 440 0 0 4000 W//20.10 D. 540
	· · · · · · · · · · · · · · · · · · ·	MAR 28 1966 / Courses Jung



O HOSPITAL OR ATTENDING PHYSICIAN: The faw fequires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event which 12 hours after death. 3019 Kamina d CONCOLN edica

> VR A15 (4) 20M 1/65

MARYLAÑD STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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<u> </u>	V=V/U
1. PLACE DF DEATH 9 COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
Montgomery MARYLAND	Maryland Montgomery
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Silver Spring 40 yrs.	Silver Spring
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. Street address e. IS residence on a farm?
6111 Thayer Avenue	6111 Thayer Avenue YES NO N
3. NAME OF DECEASED (Type or print) Seafce	Ray DEATH Month Day Year S 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR FUNDER 24 HRS. Jast birthday) Mogths Qays Hours Min.
F Cauc. WIDDWED TO DIVORCED	16 March 1891 74 yrs. II 19 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
Housewife Home	Maryland USA COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Evans Bowman	Marbara Earp
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT 4610 Willwyn Way
	ifton L. Ray Rockville, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: COTONATY	hromposis Birs
DUE TO ()	Interio-sclerosis Underlining
Conditions, If any, which (b)	T FOLIO SCIETO SIS
gave rise to immediate cause (a), stating the underlying cause last.	Hypertension Middlemined
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	
5 Generalized Arterio-sc	10 COSIS YES NO X
	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a-kn While Not While facto	ry, street, office bldg., etc.)
	Lecly / 1960 to Ma 5 1966 that (1) (we) last
21. I certify that (I) (this hospital) attended the deceased from the saw the deceased alive on 19 co and that	
22a, SIGNATURE	22b, DATE SIGNED
Xuvil did y	ATTENDING MED. STAFF MED. STAFF MARS. 1966
22c PHYSICIAN'S	22d. ADDRESS / CX 20 (000) 100, auf
NAME (Type) C. Lall	Silver Spring Mich
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	Y OR CREMATORY 23d LOCATION (city, town or county) (State)
	Cemetery Brookville Maryland
24. FUNERAL DIRECTOR Robert A. Pumphrey Bethesda, M	10.
	DAMAR 8" 1966 Charles Judge



\		ARYLAND STATE DEPARTMENT OF HEALTH RCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
)	04064	CERTIFICATE OF DEATH
	1. PLACE OF DEATH a. COUNTY MONTGOMERY	2. USUAL RESIDENCE (Where deceased aved, if institution: Residence to a. STATE b. COUNTY mon)

	04064	CERTIFICATE	OF DEATH		04054
	PLACE OF DEATH			Where deceased aved, if institution: Resid	ence before admission)
	a. COUNTY MONTGOMERY	MARYLAND	a. STATE m.D	b. COUNTY m	ont.
	b CITY OR TOWN (If outside corporate imits, write RURAL and give negres) tawn)	c. LENGTH OF STAY IN 16	,	itside corporate limits, write RURAL and g	ive neorest town)
	SILVER SPRING	Zyears	Kensin	ngton	<i>i</i>
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital	f, give street address)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
=	SYLVAN MANOR HEALT	H CARE CENTE	R3312-6	VERON ST	YES NO Z
	NAME OF First DECEASED (Type or print) NYRTLE	- Luy	REED	DATE OF Manth DEATH MARCH.	24 1966
Š	SEX 6. COLOR OR RACE 7 MARRIE		DATE OF BIRTH	last buthday) Manths	R 1 YEAR IF JNDER 24 HRS
	- White WIDOWE		april 12,10	783 8 2 Vis	
	USUAL OCCUPATION (G ve kind of work done ing mast of working lite, even if retired)	KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County		CITIZEN OF WHAT
13.	FATHER S NAME		14. MOTHER'S MAIDEN I	NAME	
	I.M. CA	FEWNING	L'Ni	KNOWN	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or upknown) (If yes give war ar dates of service)	6. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
111	s, no, or unknown) (if yes give war at dotes of service)	NO N'E PR	Eston BaRI	EED SAME	#S ===
F	1B. CAUSE OF DEATH (Enter only one cause per line	~		r	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	phypopia	-12-au	n	ONSET AND DEATH
	* A DUE TO	11/11/11/11	1	2-0.	
	Conditions, if any, which gave (b)	enely	Menio /14	consers	
	stating the underlying cause DUE TO				
	last. (c)				
ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	VOITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in	Part I ar Part II af item 1B.)	
MEDICAL			E OF INJURY (Home, form		County) (State)
¥		nile Nat While focto	Ay, street, write blug, etc.)	1.16	//
	21. I certify that (I) (this haspital) atta saw the deceased alive an	ended the deceased fram	death accurred at		the date stated above
	120. SANMUR J. Shirt	aden Mo	ATTENDING PHYS	MED STAFF DIRECTOR DIPERS. D 226	DAY SIGNED
	22c PHYSICIANS NAME (Type) OBERT	HBAPEAU	22d. ADDRESS	INGTON M.	D
230	BURIAL CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY	23d LOCATION (City or Town)	(Caunty) (State)
		66 Washington Na		Suitland, Maryla	
	FUNERAL DIRECTOR 13 Shortes			BY REGISTRAR 25b REGISTRAR S	SIGNATURE
1	Harner E. Pumphrey, Inc.	Silver Spring;	I MANY CHANGE	728 1956 Mellar	1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then plet strong ave carban papers. Pages 1 and 3 shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and upon event, within 72 hours after death Page 4 may be retained by the hospital ar attending physician

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	$I_{\rm L}$	AT	
5	p t	5	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. INRECTOR: After this certificate has b≡m signed by th≡ ≡ttendin≡ physician and com≡letely filled in by the fune e 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages I as ed with the State Dept. at Health priar to burial, crematian, ar remaval, and is any event, within 72 hours after designed.

To FUNEKAL B director, page shauld be lile	
VR A15 (4) 20 M 1/66	

/		04065	CERTIFICATE	OF DEATH		04055		
		PLACE OF DEATH			ere deceased lived, if institut an Res	idence before odmission)		
	//	Tuntzomercy	MARYLAND	Maryland	Monts	omeky.		
	1	CITY OR JOWN (If outside corporate limits, write RARAL and give nearest tawn)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If auts	de corporate limits write RURAV ora	give negress fown)		
	2	thesda	26 tus - 40 MIN	Bether d	<u> </u>	7 1		
9	3	NAME OF HOSPITAL OR INSTITUTION (If not in h	easpital, give street address)	d STREET ADDRESS	1 11 11 12	e. IS RESIDENCE ON A FARM?		
,	0	Suburban Hesp	utsi	1980 BEI	5 16/11/ , KBAC	YES NO X		
	1	NAME OF DECEASED Type or print) Sadie	Virginia L	1cKetts	4 DATE Month OF DEATH MARCH	26 19 66		
	30)	6. COLOR OR RACE 7 N	NARRIED 🖾 GNEVER MARRIED 🔲	B. DATE OF BIRTH	9 AGE (In years IF UN ost outhday) Monti	DER I YEAR IF UNDER 24 HRS. IS Days Hours Min		
	10	1111	DOWED DIVORCED	10-3-1898	67 Yrs.			
,	dury	JSJAL OCCUPATION (Give kind at work done ng mast at warking life, even if retired) TOUSCUITE	10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County &	State, ar famiga country) 12	COUNTRY?		
		FATHER'S NAME		14. MOTHER'S MAIDEN HA	ME O			
	1	Liallace, Mobley		Ware				
	15 (Y.e.	WAS DECEASED EVER IN U.S. ARMED FORCES? s, ng, ar unknawn) ((If yes give war ar dates of serv		Arancis LL	cketts - SON			
		18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	conjulies b	least for	ülure	INTERVAL BETWEEN ONSET AND DEATH		
		Conditions, if any, which gove) (b) a ferrior elevative Heart Dis ease Years						
		rise to immediate couse (a), (DIE TO						
		lost.						
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(0)	19. WAS AJTOPSY		
	ATIOI	Urcionia				PERFORMED? YES NO		
	CERTIFICATION	20a ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Po	rt I ar Part II of item 18.)			
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Haur a.m. p.m. 19		CE OF INJURY (Home, form, ory, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)		
		21. I certify that (I) (this-hospital	attended the deceased fram_	3/24,19	66, to 3/24.	19 <u>66,</u> that (1) (we) last		
		saw the deceased alive an 3	126 1966, and tha	t death accurred at	2 40 AM, fram causes and a			
		220. SIGNATURE Libert	Doller M.	D. PHYS. D	IED. STAFF 22th	DATE SIGNED		
		22c. PHYSICIAN'S RICHARD H	Loller	22d ADDRESS 105/1 Shim	MIT Are KE.	NSINGTNING		
	230	BUR AL CREMATION, 3/29/66	23c. NAME OF CEMETERY OR Ft. Myer C		23d LOCATION (City or Town) Arlington,	(County) (State) Virginia		
		FUNERAL DIRECTOR Tyson Wheeler 1331	Rockville Pike,		3 registrar 2sb registrar 3-9 1966 Action	es Judge.		



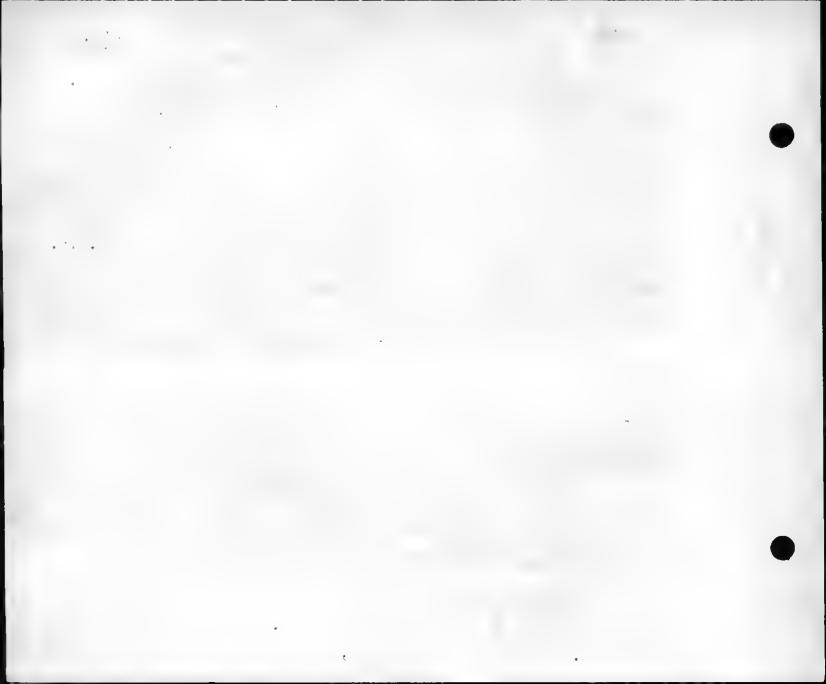
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. Axecuted within O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificats be. Page 4 may be retained by the hospital or attending physician. TO HOSPITAL

> VR AI5 (4) (15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
O4056

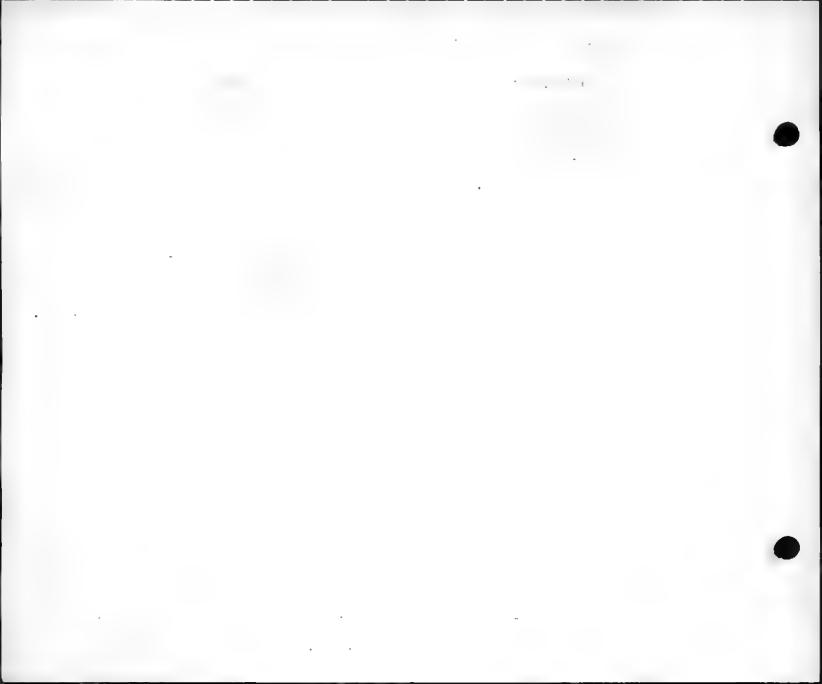
CERTIFICATE OF DEATH
Them CERTIFICATE OF DEATH
THE CONTROL OF THE

tem la film u	3/5 -5/6-1/00 MA
1. PLACE DF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Mo ntgomery Maryland	a. STATE Maryland b. COUNTY Montg.
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RIRAL and give nearest town)	
Silver Spring	Silver Spring, Ma //-/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 8. IS RESIDENCE ON A FARM?
16021 Georgia Ave.	16021 Georgia Ave, YES NO
3. NAME DF First Middle	Last 4. DATE Month Cay Year
DECEASED (Type or print) Parker	Ricks Death March 6 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
Male Negro WIDOWED DIVORCED	July 16,1889 76 yrs. Months Days Hours Mil.
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
None	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Monroe Ricks	Amanda Dorsey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address
(res, no, or discount) (thyes give was or dates of service)	
The Court of Origin France and the Court of	INTERVAL BETWEEN
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	primary site undetermined I year
PART 1. DEATH WAS CAUSED BY:	primary sile undersunce france
OUE TO	
Conditions if any udish	
gave rise to immediate	
cause (e), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
K	YES NO NO
20a, ACCIDENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of injury in Part I or Pert II of Item 18.)
G OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TAKED. (EIRO HAMIS OF INJERS IN CARE FOR FORE TO A COMPANY
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While facto	ory, street, office bldg., atc.)
	1/
21. I certify that (I) (this hospital) attended the deceased from	1966, to 6, 1966, that (I) (we) last
saw the deceased alive on 3/3/1966, and that	t death occurred at AM, from the causes and on the date stated above.
22a, SIGNATURE	22b. DATE SIGNED
- Artio H Maron	ATTENOING MED. STAFF ORECTOR PHYS.
22c. PHYSICIAN'S M.C	O. PHYS. OIRECTOR PHYS. 122d. ADDRESS
NAME (Type)	ZEU. HUUREGO
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 3/9/66 Ash Memor	rial Cem. Sanay Spring, Ma
	rial Cem Sangy Spring, Mo 25a, REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



VR A15ME (5)

1966

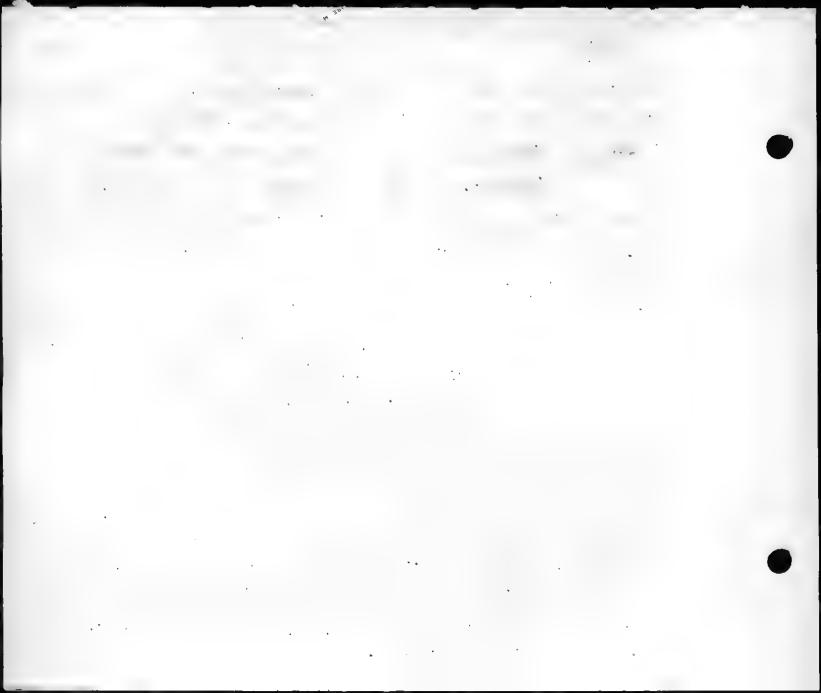


funeral and 2 dath, hours 르. filled and completely i within and certificate or attending physician. has The state of retained by **8** 8 may

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY by the figure 1 bages 1 urs after 7027 Gome R4 MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. 1 JILUER SILUER d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address) ON A FARM? d. STREET ADDRESS within 72 NO D NAME OF **First** DATE Day Middle DECEASED 0F event, (Type or print) DEATH SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours WIDOWED DIVORCED [ettending physician a ermit. Then please Te on, or removal, addine 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) ANDUSTRY COUNTRY? neat build 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) been signed by the the burial-transit point to burial, cremating 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the prior underlying cause tast. (c) ERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health After this certificate had be detached for use State Dept. of Health PERFORMED? YES 💢 NO [20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) age 3 should be defiled with the State factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last and that death occurred at 32 saw the deceased alive on M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page 31-66 ATTENDING PHYS. STAFF PHYS. MED. DIRECTOR O FUNERAL 22C. PHYSICIAN'S 22d. ADDRESS director, p should be Page BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR LOCATION (City, town or county) Hyattsville, Burial Md. George Washington 24. FUNERAL DIRECTOR REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

VR AI5 (4) 1/65 20M



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Л		84369	CERTIFICAT	E OF DEATH		U4059	
		PLACE OF DEATH		2 USUAL RESIDENCE (Whe	re deceased lived, if institution. Residen	ice before odm ssion)	
	/	nontsomery	MARYLAND	many land		nxery.	
	- 1	O CITY OR TOWN (If autsure corporate limits, write RURAL and give nearest town)	C LENGTH OF STAY IN 16		le corparate limits, write RURAL and givi	e neorest town)	
	k	PC FRES dev 1_NAME OF HOSPITAL OR INSTITUTION (If not in h	Newbarn	d STREET ADDRESS		e. IS RESIDENCE	
	(Suburban Haspirk	aspiral, give street address)	10039 RIO	ER KOAN	ON A FARM?	
	3 1	NAME OF STITES	Middle		DATE Month	Day Year	
	-	Type or pnnt) Saby	Boy	Rith	OF DEATH MAICH	26 1966	
	\$ 5		MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF JNDER lost birthday) Months) YEAR IF UNDER 24 HRS Doys Hours Min.	
	, ,	0-11110	IDOWED DIVORCED	5/25/66	yrs.	14 40	
		USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	TOB. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & SI	(0)	TIZEN OF WHAT	
	13	FATHER S NAME		14 MOTHER & MAIDEN NAM	TE 0		
	15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO 17	INFORMANT	Address		
		s, no, or unknown) (If yes give war or dotes af serv		INFORMANI	Willia22		
		1B. CAUSE OF DEATH (Enter on y one cause per				INTERVAL BETWEEN ONSET AND DEATH	
		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	RESPIRATOR	W FRILNR	· E	ONSET AND DEATH	
		Conditions, if any, which gave) (b)	PREMATURI			14 Ky 5.	
		nse to immediate couse (o),					
		stating the underlying cause (c) _					
	*	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	ION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?			
	E E						
-	CERT FICATION	20q ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part	Lor Part II of item 18.)		
	MEDICAL	20c. TIME OF INJURY Manth, Day, Yeor Haur a.m.		ACE OF INJURY (Hame, form, clory, street, office bidg , etc.)	20f (City or town) (Con	unty) (Stote)	
	*	p.m. 19	at work at work	2/1 (** 10.	66, ta 3/26 , 196	// that (1) () last	
	4	21. I certify that (I) (this haspital saw the deceased alive an	arrended the deceased from 1964, and the	at death accurred at 3	AM, fram causes and an t	he date stated abave.	
		22a. SIGNATURE	1.	ATTENDING AME	22b, D.	ATE SIGNED	
,		foller E. Can	cray N	A.D PHYS DIR	RECTOR PHYS.	126/66	
		22c. PHYSICIAN'S NAME (Type) JO NN E. C1	essibl W.O.	22d. ADDRESS 991100	COGEORGETOWA	Rd. BETHI	
	23a	BURIAL CREMATION, 236 DATE THEREOF REMOVAL (Specify)		HOLD HOLD	23d LOCATION (City or Town)	(County) (Stote)	
P		FUNERAL DIRECTOR	ADDRESS DAG	11 1	Betwo da - 1/00	Harrow - 1110.	
),	1	IRs. Amelia C. Carte	gest - starting	DATE DATE	3 GIRA 1966 25b PORARS	les Judge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicarroand campletely filled in by the funeral director, page 3 shauld be detached for use as the burnal-transit permit. Then please remove carban papers. Pages 1 and should be filed with the State Dept. at Health prior ta burial, crematian, or remaval, and filed with the State Dept. at Health prior ta burial, crematian, or remaval, and filed with the State Dept.



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	64010		CERTIFIC	AIŁ	OF DEATH		1	$04060_{}$
1	PLACE OF DEATH			-	2 USUAL RESIDENCE (W	here deceased lived, if institu	tian Residence	befare admission)
	a. COUNTY MONTACOMERUL		MARYLA	ND D	O. STATE MARGI	land 6 cou	MITHEN	1Genery
	b CITY OR FOWN (If activide corporate limity, write RURAL and give nearest tawp)	c LEI	NGTH OF STAY IN I	D		side corparate limits, write RU	RAL and give	nearest town)
	Write KUKAL and give nedrest taway		2 days	· .	6	ETHEOda		1
Г	d NAME OF HOSPITAL OR INSTITUT ON (If not in	haspital, give stre	eet address)		d STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	Subuchan				4610 11510	ILGI A ME		YES NO
3	NAME OF First		Middle	/ ;	Last	4 DATE Mon		Day Year
	DECEASED (Type or print) SAMU	el		No	bertsen.	P CP	4RCh	2 19 60
5	SEX / 6 COLOR OR RACE 7	MARRIED	NEVER MARRIED	3 8	DATE OF BIRTH	9 AGE (In years 2 Apst birthday)	IF UNDER 1 '	YEAR IF UNDER 24 HRS. Days Hours Min.
	/ / / / / W	IDOWED X	DIVORCED		6/27, 80	OoZ yrs.		
	USUAL OCCUPATION (Give kind af wark dane ang most of working life, even if retired)	10b KIND OF	BUSINESS OR			State, or foreign country)		ZEN OF WHAT
L	<u> </u>	INDUSTRI	Retired		marylon	d Mont. Co.	/	454
13	FATHER'S NAME Samuel L. Robertson				14. MOTHER'S MAIDEN N	AME P	tto	*
15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL	SECURITY NO	17. 11	NFORMANT	Addr	ess	
(Y	es, no, or unknown) (If yes give war or dates of sen	rice) 579:	26-2094		John C. Robe	rtson-same it	em #2-	son
-	18. CAUSE OF DEATH (Enter anly one cause pe	r line for (a) (b)	and (s))					INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:			. + a	gangrene.	oono+um	1	ONSET AND DEATH
	IMMEDIATE CAUSE (a) Due to	Deberce	TILLE UNE	<u> </u>	Egustiene.	SIGIKOBUIIII		_4 days
	Conditions if any which gave a							
	rise to immediate cause (a),							
	last. (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEAT	TH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE CONI	DITION GIVEN IN PART I(o)		19. WAS AUTOPSY PERFORMED?
MEDICAL CERTIFICATION			_			* *		PERFORMED?
3	20g ACCIDENT WAS UNDERLYING	20b DESCRIBE	HOW INJURY OCCU	RRED. (Enter nature of injury in P	ort I ar Part II of item 18)		
CER.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
를	20c TIME OF INJURY Month, Day, Year	20d. INJURY O	OCCURRED 20	e. PLAC	E OF INJURY (Hame, farm,	20f (City or town)	(Coun	nty) (Stote)
W.E.	Hour a.m. p.m. 19		Nat While at work	focto	ry, street, office bldg., etc.)			
	21. I certify that (I) (this hospita			ım_	JAW 19	Y', to MARCO	1 196	C, that (I) (we) las
					death accurred ot	M, from causes	ond on the	
	220. SIGNATURE	-/			ETTENDING	MED STAFF	22b DAT	TE SIGNED
	- Jen - U	cours	2	M.D		MED. DIRECTOR PHYS.] 3/	2/66
	22c. PHYSICIAN'S NAME (Type) DR Law I	-000	VOVAN		22d. ADDRESS	ICAUS BE	774 1	4 Mp
23	BURIAL, CREMATION, 23b DATE THEREOI		NAME OF CEMETER	RYORC	REMATORY	23d LOCATION (City or To		County) (Stote)
	MEMOVAL (Specify) 3/5/66		Gate of			Silver Sp		,, ,
2	FUNERAL DIRECTOR		ADDRESS				EGISTRAR S SIG	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death VR A15 (4) 20 M 1/66

cuted within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate bas

Page 4 may be retained by the haspital or attending physician.

24 FUNERAL DIRECTOR

1331 Rockville Pike, Rockville

REGISTRAR'S SIGNATURE 2Sb



<u> </u>	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
lude E		04071 CERTIFICATE OF DEATH 0406
death	by the funeral Pages 1 and rs after death	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admit
	m = 6	Mantgomery. Maryland M.D. MONTA.
s	by the Pages urs aft	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest twite RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
hour	f in by	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS
within 24 hours after	and completely filled in removal carbon papers. In any event, within 72 hou	WAS H. SAN. & HOSP. 864 MAKALIM Dr. YES N
ţ.	bon p withi	NAME OF PIRST Middle Last 4. DATE Month Day Year DECEASED
	Comple vert,	(Type or print) CEOrge HAMILTON RODISON DEATH MARCH - 30 196
(1)	S E S	6. COLOR OR RACE MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 2
- 0	in any	WIDOWED DIVORCED DIVORCED 5/ yrs. 10a. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone 10b. KIND OCCUPATION (Give kind occupation 10b. KIND OCCUPATION (Give kind occupation 10b. KIND OC
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icate	phy al.	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
il i	ding pt Then remova	GEOrge H. Robison Alice Mc Dermott
ŧ	in it it is	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT MARCHRET OR BINSON NO. or unknown) (figes give war or dates of service) 577-22-5004
Ģ	per trion	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
a a a	prosectal. n signed by the abundal-transit per burial-transit per burial, cremation,	PART I. DEATH WAS CAUSED BY: ONSET AND DEI IMMEDIATE CAUSE (a) Acrete Musicardial Infarction 12 his
that	Signal and the control of the contro	Lif ?! DUE TO
ires	buri ssi	cenditions, If any, which (b) Circhary thrombusis
redu	or to	cause (a), stating the DUE TO Asturna duratic Heart Assence
The law requires that the death certificate be	has e as	
F 1	ifficate if for use if Health	PERFORME YES NO
OR ATTENDING PHYSICIAN: The law requires that the	rage 4 may be retained by the hospital of attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filled with the State Dept. of Health prior to burial, cremation, or remoyal, and in the should be filled with the State Dept. of Health prior to burial, cremation, or remoyal, and in the should be filled with the State Dept. of Health prior to burial, cremation, or remoyal, and in the should be filled with the State Dept. of Health prior to burial, cremation, or remoyal, and in the should be filled with the State Dept. of Health prior to burial, cremation, or remoyal, and in the should be filled with the State Dept. of Health prior to burial, cremation, or remoyal, and in the should be filled with the State Dept. of Health prior to burial, cremation, or remoyal, and in the should be filled with the State Dept. of Health prior to burial, cremation, or remoyal, and in the should be filled with the State Dept. of Health prior to burial, cremation, or remoyal, and in the should be should b	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME YES NO OR CONTRIBUTING COURSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19. WAS AUTO PERFORME YES NO OR CONTRIBUTING COURSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ıksıc	his ce stache Dept.	
<u> </u>	Witter the de	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While at work at work 19 at work 20d. INJURY (Home, farm, factory, street, office bidg., etc.)
ATTENDING	A A B B B B B B B B B B B B B B B B B B	21. I certify that (I) (this hose-ited) attended the deceased from 3/30, 1966, that (I) (we)
	SECTOR: A 3 Should with the S	saw the deceased alive on 3/3c 1961, and that death occurred at 850 M, from the causes and on the date stated al
10	M W See	22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF 13-36-66
TAL	AL DIR Page e filed	22c PHYSICIAN'S
OSPI	d b	NAME (Type) Robert F Dyer MO 915-19= St. 71W
TO HOSPITAL (rage 4 mg O FUNERAL director, p should be	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State REMOVAL (Specify) 2. Annil 1966 (Cate of Heaven Compter)
	- 0	and chieffal property of the state of the st
VR	A15 (4)	Warner E. Pumphrey, Inc. Silver Spring, Md. 1966 Acharles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04072	CERTIFICAT	TE OF DEATH	04062				
1. Place of Death c. COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (Where deceosed lived o. STATE Maryland	if institution Residence before admission) b COUNTY Montgomery				
b. CITY OR TOWN (If outside corporate lime write RURAL and give nearest town) Silver Spring	oits, C LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits Silver Spring					
d NAME OF HOSPITAL OR INSTITUTION (H 413 East India	not in hospitol, give street address) n Spring Drive	d STREET ADDRESS 413 East Indi	an Spring Dr YES NO x				
3 NAME OF DECEASED (Type or print) MAR	First Middle TIN A/	SAGINOR 4. DATE OF DEATH	Month Day Year March 1, 1966 19				
S. SEX 6. COLOR OR RACE Male White	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	Dec 25, 1925 40	rthday) Months Doys Hours Man.				
10a. USUAL OCCUPATION (G.ve kind of work dar during most al warking the, even if retired) BUILDER 13. FATHER'S NAME	lob KIND OF BUSINESS OR INDUSTRY Construction	11 BIRTHPLACE (County & State, or fareign cau New York City 14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?				
Hyman Saginor	52 16. SOCIAL SECURITY NO. 17	Lena Paritz	Address				
(Yes, no, or unknown) (If yes give wor or date Yes 18. CAUSE OF DEATH (Enter on y one or	113-20-6250		me as 2 above				
Conditions, if any, which gave nse to immediate cause (a), stating the underlying couse last.	(b) (c) (c)	of panc veas workers to so	S ONSET AND DEATH S OWONG RT 1(a) 19 WAS AUTOPSY				
20g ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IE EITHER MOTICE) MEDICAL EXAMINED)		D (Enter nature of injury in Part I ar Part II of it	YES NO				
20c. TIME OF INJURY Manth, Day, Year Hour o.m.	While - Not While -	PLACE OF INJURY (Home, farm, actary, street, affice bidg., etc.)	r tawn) (Caunty) (Stote)				
saw the deceased alive an							
22a. SIGNATURE 22c. PHYSICIAN'S	- feil		TAFF D 22b. DATE SIGNED 3-/-66				
NAME (Type) Jason G	HEREOF 1 23c. NAME OF CEMETERY C	800 Pershing Driv					
REMOVAL (Specify) Burial 24. Funeral Director			Va (Store) Va (Store) Va (Store)				
	ome 4217 9th St N.W.	DAMAR 3 1968					

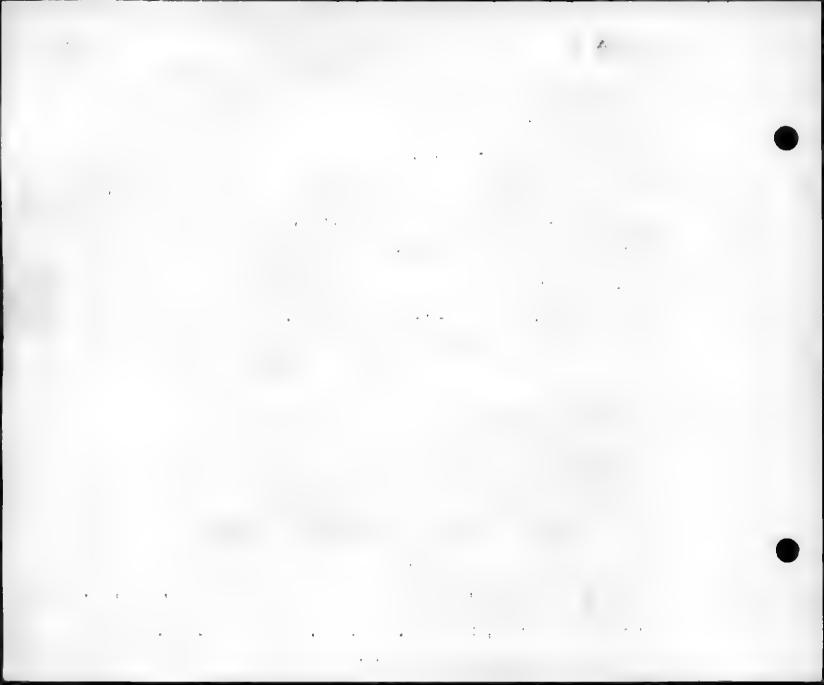
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executed within 24 hours ofter deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

Poge 4 moy be retained by the hospitol or attending physician.

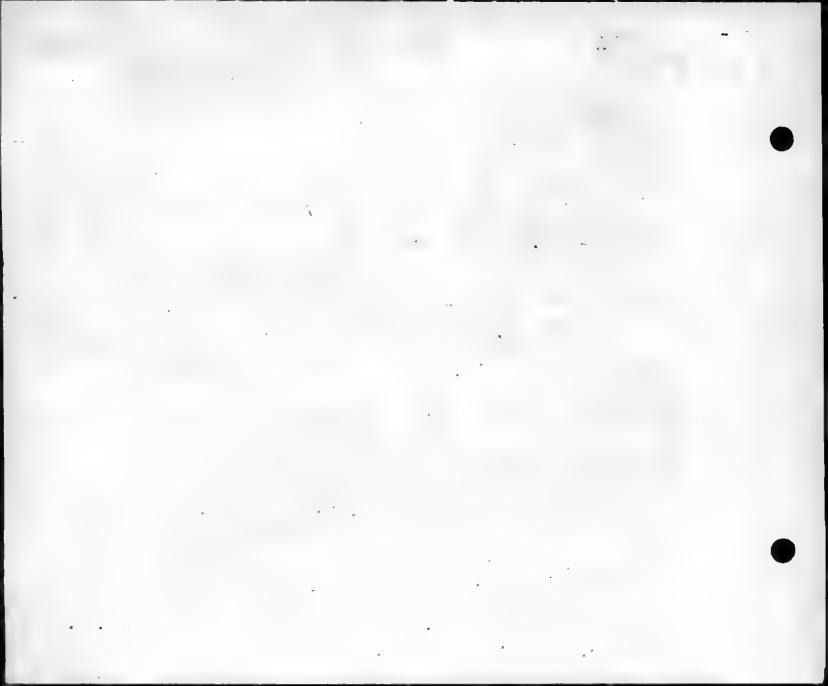


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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
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	SUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
MARYLAND BRILLIAND	STATE DOC. b. COUNTY DOOT.
b. CIPY OR TOWN (If outside corporate limits. C/LENGTH OF STAY IN 1b C. CI	Y OR TOWN (If putside corporate limits, write RURAL and give nearest town)
white Rural and give nearest town)	Bethesda
	REET ADDRESS ON A FARM?
Suburban 5	521 DOUTHWICK SI. YES NO M
3. NAME OF DECEASED (Type or print) First Middle ALL	Last 4. DATE Month Day Year OF DEATH 3-10 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DAT	9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS.
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 131.	ARTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
Saleslady-Dept. Store Retired	ondon England country? Sa.
13. FATHER'S NAME	NOTHER'S MAIDEN NAME
Jonas Whetstone	Florence (Unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM (Yes, no, or unknown) (If yes give war or dates of service) 579-40-7264	AddSame as Item 2.
100	i O I INTERVAL BETWEEN
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1 PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) CLASHING CHUCK	with to letter culoseum 105 years
DUE TO DUE TO	to ca
Conditions, If any, which gave rise to immediate (b)	non vinnelle our
cause (a), stating the DUE TO	
underlying cause last. (c)	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS JUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	PER ORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO BY 202. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter nature of Injury in Part I or Part II of Item 18.)
	NJURY (Home, farm. 20f. (City or town) (County) (State)
Hour a.m. While - Not While - factory, street	t, office bldg., etc.)
	2/12 20/12 20/14 20/14
21. I certify that (I) (this hospital) attended the deceased from	19 to 3/10, 1966 that (I) (we) last
	occurred at M, from the causes and on the date stated above.
	ENDING MED. STAFF
22c./ PHYSICIAN'S TOCEDU E CCUANNO 22	S. DIRECTOR PHYS. 1 3 10 66
PHYSICIAN'S JOSEPH F. SCHANNO	219 Thisconsin One. Beth Min
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CR	EMATORY 23d. LOCATION (City, town or county) (State)
Burlal 3-14-00 Mt. Olivet Cen	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
ROBERT A. PUMPHREY Bethesda, Maryl	and teak 14 1966 feliantes Judge

VR A15 (4) 15M 4-64



	MAKTLAND STATE DEPAKTMENT OF HEALTH	
Division	of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201
C.	CERTIFICATE OF DEATH	- 1

		0407	4		CERTIFICATE	OF DEATH		04064
	ì. i	PLACE OF DEATH	tgomery		MARYLAND	Dist. of	Where deceased lived, if institution b. COUNTY	
	'	with RURAL on disage corporate limits, with RURAL on disagest fown) Chevy Chase			NGTH OF STAY IN 15	Washingto	utside corporate limits, write RURAL	4.
1	Í		at or institution (if needs a - Sil			d STREET ADDRESS 3816 Bent	ton St. N.W.	e (S RESIDENCE ON A FARM? YES NO 🛣
	1	NAME OF DECEASED (Type or print)	GEORGE		Middle E .	SAXON	4. DATE Month OF DEATH March	
	S :	Male	6 COLOR OR RACE	7. MARRIED WIDOWED		B DATE OF BIRTH 8-26-1884		FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	duri F	ng most of working Retired	l (Give kind of work done life, even if retired)	Denta	4	ryes/ Ne		12 CITIZEN OF WHAT COUNTRY?
		John S					name allaway	
	15. (Ye	WAS DECEASED EVE es, no or unknown) NO	R IN U.S. ARMED FORCES? (If yes give war or dates	of service) 16 SOCIAL 577-	security no. 17 1 48-3032 M	nformant rs. Jessi	e A. Saxon, S	ee item #2.
			EATH (Enter only one co TH WAS CAUSED BY IMMEDIATE CAUSE DUI	(0) Ceret), ond (c)) ral Ihron bral a			INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, nse to immediat stating the under lost.	e couse (o) ((b) <u>Cere</u> 10	brak a	rlenoscle	nocha	
e ser	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)						
		(IF EITHER NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)				Port I or Port II of item 18.)	
	MEDICAL	n.o ruoH p.r	n. 19	ot work	Not While foct	CE OF INJURY (Home, form ory, street, office bldg , etc)	(County) (State)
		sow the d	fy that (I) (this ho eceased olive on_	spitol) ottended the	he deceased from 19 <u>66</u> , and tho	t death occurred of	1950 to Much 12 1630 M, from couses on	5, 19 <u>66</u> , that (I) (we) lost d on the date stated above.
1	i	220 SIGNATURE	tram 7	- Sela	efer mp. M.		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 3/16/66
		NAME (Type	Bertran	F. Scha			nass. ave. n.v.	
		BURIAL, CREMATIC REMOVAL (Specify Burial	3-19-		NAME OF CEMETERY OR	rdens Cem	23d. LOCATION (City or Town) Arlingtor	n. Va.
	24	Jos. G	awler's	ons, Was	ADDRESS shington,			JRAR'S SIGNATURE

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician order completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remay carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within 72 haurs after death VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND OF DEATH CERTIFICATE hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 2. a. COUNTY ve carbon papers. Pages 1 event, within 72 hours after by the 0711 MARYLAND Pages TOWN (W outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CIT Write RUBAL give nearest town; filled in 1 a INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS executed within Completely NAME OF Middle 4. DATE Month DECEASED OF DEATH (Type or print) lease remove c AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. DATE MARRIED NEVER MARRIED 9. and WIDDWED DIVORCED [10b. KIND OF BUSINESS OR INDUSTRY 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) hysician death certificate be PENTER RETIRED action FATHER'S NAME 펍. MOTHER'S MAIDEN 14. attanding The remova 04 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT certificate has been signed by the attmithed for use as the burial-transit permit.

t. of Health prior to burial, cremation, or r (Yes, no, or unkown) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). The law requires that the I. DEATH WAS CAUSED BY: Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) rise to Immediate gave DUE TO stating (a). cause underlying cause last (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use 20a, ACCIDENT WAS UNDERLYING IT DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of Item 18.) this certify detached for e Dept. of H DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) a Hour a.m. While Not While director, page 3 should be capenatured by the should be filed with the State OR ATTENDING 19 at work at work p.m. 21. I certify that (i) (this hospital) attended the deceased from and that death occurred at. M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. M.D. PHYS. O HOSPITAL ADDRESS 22c. PHYSICIAN'S 22d. NAME (Type) BURIAL, CREMATION, 235 23c. NAME LOCATION (City, town or county) 23a. DATE THEREOF OR CREMATORY REMOVAL (Specify) FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b.

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 15M 4-64

REGISTRAR'S

ON A FARM? NOR

Yaai

19

NTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

NO L

(State)

PERFORMED?

that (I) (we) last

(State)

Day

Days

COUNTRY?

19.

DATE SIGNED

(County)

22b.

YES



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. after death 1. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY carbon papers. Pages 1 ent, within 72 hours after ONTGOMER c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours Washington, D. C. filled in KENGING TON d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES ND completely NAME DE DATE Month Day DECEASED OF DEATH (Type or print) and con 5. SEX 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR last birthday) | Months | Days FUNDER 24 HRS 7. MARRIED **NEVER MARRIED** Months Days any WIDOWED DIVORCED [700 and in a 10a, USUAL DCCUPATION (Give kind of work done | 12. CITIZEN OF WHAT physician 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or toreign country) during most of working life, even if retired) The law requires that the death certificate be INDUSTRY removal. 13. FATHER'S NAME attending phermit. Then MOWEN Samuel Jamuel Stover Schaf

15. AS DECE TO THE STORY OF STATE OF SERVICE)

(Yes, no, or unknown) [(Hyes give war or dates of service)] s been signed by uncersit, is the burial-transit permit. 17. IN stations 16. SOCIAL SECURITY NO. Address 578-50-660 Dorothy same as no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that ti Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating as th underlying cause last. ifter this certificate has be detached for use as State Dept, of Health prio (c) WAS AUTOPSY CERTIFICATION PART II. DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? NO Z YES [20a, ACCIDENT WAS UNDERLYING (DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After While Not While p.m. 19 at work at work FUNERAL DIRECTOR: A irector, page 3 should about the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 16 19 66 saw the deceased alive on M. from the causes and on the date stated above. DATE BIGNED SIGNATURE STAFF ATTENDING DIRECTOR M.D. PHYS. PHYS. 22d. **ADDRESS** director, p BURIAL, CREMATION, 1 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23d. REMOVAL (Specify) 2 Rose Ceme terv Hagerstown FUNERAL DIRECTO VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH



MARY LAND STATE DEPARTMENT OF HEALTH SION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after completely filled in by the f we carbon papers. Pages 1 event, within 72 hours after MONT GOMERY

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 24 hours KOMA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS and completely remove carbon p within NAME OF DATE Month Middle Last DECEASED OF DEATH (Type or print) ABRITA eider AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) | Months i ysicher and contents removed WhiTe WIDOWED IX DIVORCED EMALO 10a. USUAL OCCUPATION (Give kind of workdone | 10b. KIND OF BUSINESS OR during most of working life, even if retired) | INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) Nousewive 40ME certificate. E d 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, attending phermit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN the attend it permit. 9 (Yes, no, or unknwn) [(If yes give war or dates of service) been signed by the attention the burial-transit permior to burial, cremation, o IN KNOWN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) by the hospital or attending physician. Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. has 33 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAXED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health p The certificate DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18. 20a, ACCIDENT WAS UNDERLYING After this certifit be detached for e State Dept. of h OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Whlie Not While at work at work 3 should be with the S 21. I certify that (I) (this hospital) attended the deceased from 19 DIRECTOR: saw the deceased alive on and that death occurred at \triangle 22a. SIGNATURE ATTENDING Jours DIRECTOR PHYS. Page 4 may E U O HOSPITAL ADDRESS TO FUNERAL PHYSICIAN'S director, p should be NAME (Type) 23a BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. REMUVAL (Specify)

22M, from the causes and on the date stated above. 22b. DATE SIGNED (State) LOCATION (City, town or county) **ADDRESS** REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a. 66 VR A15 (4) 20M 1/65

e. IS RESIDENCE ON A FARM?

Year

19 66

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

YES

(County)

NO

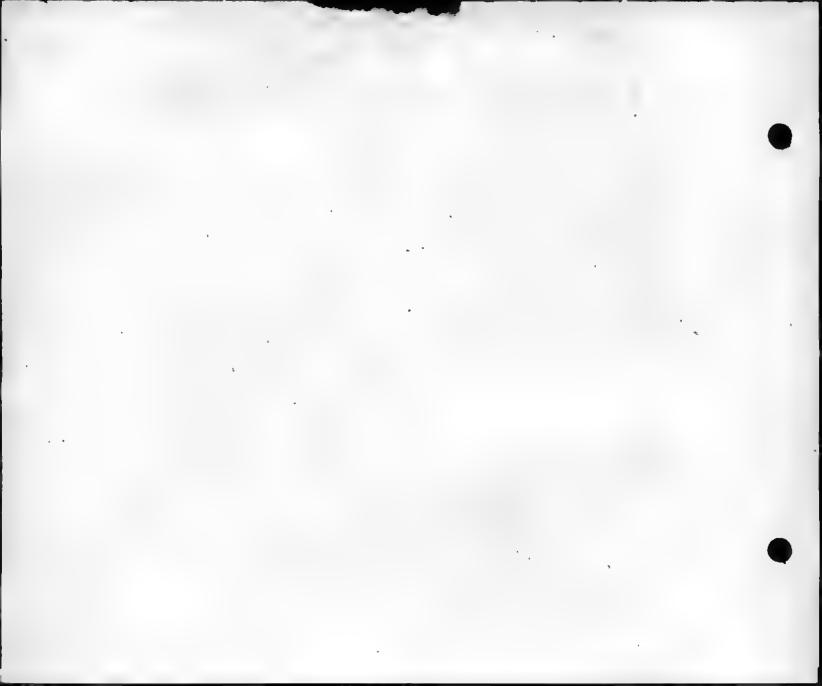
(State)

Days

COUNTRY? U.S.A.

12. CITIZEN OF WHAT

No X

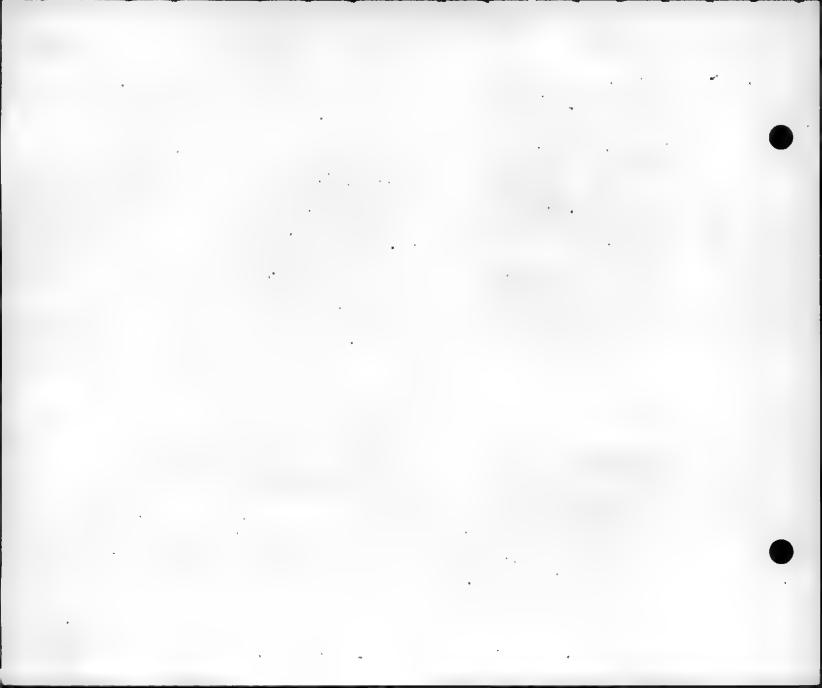


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. and completely filled in by the funeral femove carbon papers. Pages 1, and 2, any 2 pert, within 72 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it

> VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

a. COUNTY	2. USUAL RESIDENCE (Where Deceased live), 17 institution, residence Detail Rubbission)			
Martiano Marylano	Mariland Montagmery			
b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
Takoma Park 2 hours 35 minut	les Silver Sprina in			
d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS 0. IS RESIDENCE ON A FARM?			
	8662 Kiney Branch Koad YES NO ET			
3. NAME OF First Middle OECEASED	Last 4. DATE Month Day Year			
(Type or print) Hyman NMN Sc	hulman DEATH March 24 1966			
5. SEX 6. CDLOR DR RACE 7. MARRIEO NEVER MARRIED 8.	DATE DF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.			
Male white WIDDWED DIVDRCED U	1014 th 10:1913 52 yrs.			
10a. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY.	il, BIRTHPLACE (County & State, er foreign country) 12. CITIZEN DF WHAT COUNTRY?			
clerk wholesale grocers	Poland United States			
13. FATHER'S NAME	14. MDTHER'S MAIDEN NAME			
Harry Schulman	Sophie Bobrow			
15. WAS OECEASEO EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no., or unknown) (If yes give war or dates of service)	NFORMANT Address			
	ospital Record			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN			
PART 1. DEATH WAS CAUSED BY:	onset and death			
IMMEDIATE CAUSE (a)	3h /3 men			
Conditions, If any, which) DUE TO Clente Coron	rages Arolusedon 36. 15mi			
gave rise to immediate	John John Strain			
cause (a), stating the DUE TO	U			
underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY			
ANTITO THE STOM I FLOWING COMMINISTING TO DESTR. BUT NOT KETALE	PERFORMEO?			
20a. ACCIDENT WAS UNDERLYING TO 1 20b. DESCRIBE HDW INJURY DCCURR	RED. (Enter nature of injury in Part i or Part ii of item 18.)			
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATE 200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HDW INJURY DCCURR OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	CED. (Enter Hattie VI INJURY IN PART FOR PART IS OF THEIR 20.)			
	DF INJURY (Home, farm, 20f. (City or town) (County) (State)			
20c. TIME DF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE Hour a.m. While Not While factory, p.m. 19 at work at work	street, office bldg., etc.)			
21. I certify that (I) (this hospital) attended the deceased from 6	-24, 1962 to 3-24, 1966, that (1) (we) last			
	leath occurred at 45 M, from the causes and on the date stated above.			
22a. SIGNATURE	ATTENOING MEO. STAFF 22b. DATE SIGNED			
Kussell B. Urnold M.D.	PHYS. OIRECTOR PHYS. 1 2-27-66			
22c. PHYSICIAN'S NAME (Type) Russell B. Arnold	22d. ADORESS 1,06 Spring St., Silver Spring, MS.			
23a. BURIAL, CREMATION, 23b. OAJE THEREDF 23p. NAME OF CEMETERY Q				
Durial 3/25/66 Horkmens (lisale Callimore, Mrd			
24. CUNERAL OFFECTOR ADDRESS ADDRESS ADDRESS	252 AEC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE			
LOG RECENSION APRO SOIL COULD RESERVENCE TO I				



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(M)		04079		CERTI	FICATE OF DEATH		04069
funeral I and er death		PLACE OF DEATH, D. COUNTY	taome	CU MAR	2. USUAL RESIDENCE o. STATE	(Where deceosed lived, if institute, b. COL	tion Residence before admission)
s. Pages I haurs after		CITY OR TOWN (If dutside corp write RURAL and give progress		LENGTH OF STAY	19 16 COTY OR TOWN (H	outside corporate limits, write Rt.	D.C.4
filled in papers. thin 72 h	•	NAME OF HOSPITAL OR INSTITU	TION (If not in hospital	of, give street oddress)	d. Street Address (nt. Pleasan	t St. B IS RESIDENCE ON A FARM? YES NO NO
		NAME OF DECEASED Type or print) Om	beose	Feanci	~ _ / ` · · · · · · · · · · · · · · · · · ·	4. DATE Mor OF DEATH	3 - 19 166
	S. :	m W	WIDOW	ED DIVORCI	1 9/16/19	9. AGE (In years last birthdoy) 7. AGE (In years printhdoy) 7. AGE (In years printhdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Man
G .i=	q10	USUAL OCCUPATION (Give kind of no most of working life, even if ret	red) a	INDUSTRY THE	and 11)	ty & Stote, or foreign country)	12. CITIZEN OF WHAT
phy en sva		John	She	CO. 16. SOCIAL SECURITY NO.	12 INFORMANT	g Carde	mes 728 River St
attending permit. Th ian, ar remo	(Ye	WAS DECEASED EVER IN U.S. ARME s, ho, or unit pown) (If yes give wo	11. 11		Macy Shed	2-SiSTER-	SCRANTON Pa. INTERVAL BETWEEN
by the ransit cremati		1B. CAUSE OF DEATH (Enter of PART), DEATH WAS CAUSE IMMEDI		morrhoge	intra Kerebrah	, massive	PNSTY AND DEATH
		Conditions, if ony, which gave rise to immediate cause (a),) (b) H	ypertens	-ch		Jeans
icate has been far use as the Health prior to		storing the underlying couse tost. PART II. OTHER SIGNIFICANT CO.	(c)	IG TO DEATH BUT NOT RI	LATED TO THE TERMINAL DISEASE O	ONDITION GIVEN IN PART 1(o)	19. WAS ALTOPSY
icate ha far use Health p	CERTIFICATION	200 ACC/DENT WAS UNDERLYING			OCCURRED. (Enter noture of injury in		YES NO
Epb	CAL CERT	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM 20c. TIME OF INJURY Month, D	EATH VINER)	L INJURY OCCURRED	20e. PLACE OF INJURY (Home, for	·	(County) (State)
After this ce I be detache e State Dept.	MEDICAL	Hour o.m. p.m.	19 W	hile Not While work Ot work	foctory, street, office bldg., et	r.)	
O		saw the deceased ali 220. SIGNATURE	ve an 19	man 1966,	and that death accurred a	nt 11 3 M, fram causes	and an the date stated above
DIREC		22c. PHYSICIAN'S	Hey Ke	lloz	M.D PHYS 22d. ADDRESS	MED STAFF PHYS.] 19 moin GE
IO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	230	NAME (Type) BURIAL, CREMATION, 23E	. DATE THEREOF,	23c NAME OF CEA	METERY OR CREMATORY	23d LOCATION (City or To	own) (County) (State)
V-1-1	24	FEMOVAL (Specify) FUNERAL DIRECTOR	121/66	O CATHE	DRAL CEMETE		EGISTRAR'S SIGNATURE
VR A15 (4) 20 M 1/66	1	PALLEY FLINA	FRAL HO	ME MT.	CAINIER DAMA	R 2 3 1966 🔏	Charles Judge

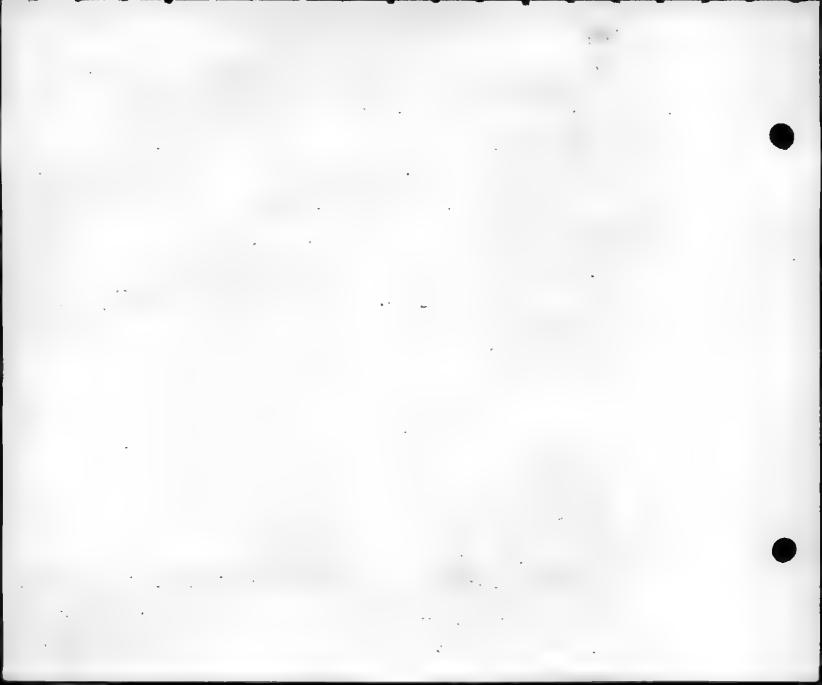
TO HOSMITAL OR ATTENDING PHYSICIAM: The law requires that the death cartificate by executed within 24 haurs after all other

Page 4 may be retained by the haspital or attending physician.



TO MESPITE OR ATTENDED FINSINIAN: The law requires that the death certificate be executed within 24 hours after death, Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please reflowed about papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	The state of the s
1. PLACE DF DEATH a. CDUNTY 4 A	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE
Montgomery Maryland	Maryland Montgomery
b. CITY DR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Silver Spring 2 weeks	Silver Curius '
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Silver Spring d. STREET ADDRESS 0. IS RESIDENCE
a. Where of Hostine of Histitotion (it not in nospital, give streat goorges)	ON A FARM?
2105 Belvedere Blvd.	2105 Belvedere Blud YES ND
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Jannie Eugenia	Shell DEATH Men 20 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS.
	Geb. 7,1882 last birthday) Months Days Hours Min.
Jemale White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUŞTRY	COUNTRY?
Housewife Own home	Downing, Alabama USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Crow	Florence Richardson
	INFORMANT 2105 Belvedere Apolori.
	Mrs Dorothy Phillips-Silver Spring, Md
18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho senic	(avernound c
OUE TO 1 V	
Conditions is one subject to the sub	metastases 3yrs.
gave rise to immediate	7,43,435
cause (a), stating the DUE TO	
underlying cause last. (c)	ATER TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIOUTING TO DEATH BUT NOT RELE	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
[5] Weller sol arteuseloolis	cerclinate, clisease. YES NO E
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RES	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	pry, street, office bldg., etc.)
	19/2 - 20May/20// 11/11/11
21. I certify that (i) (this hospital) attended the deceased from	1963 19 to 2 0 march 1966, that (1) two) last
saw the deceased alive on 20 march 1966, and tha	t death occurred at 11.45M, from the causes and on the date stated above.
222. SIGNATURE	ATTENDING HOLD STAFF 22b. DATE SIGNED
M.I Stownson M.I	
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Ernest E. Harmon	9301 Colesville, Rd. Silver Spring, Md.
REMOVAL (Specify)	Bullock County, Alabama
Burial 13/24/1966 M. Hilliara 24. FUNERAL DIRECTOR 1/2/24. FUNERAL DIRECTOR 1/2/24. 8434-GODRESEA AUG	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
The state of the s	1110 0 1 1000 1001
Warner E. Pumphrey, Inc. Silver Spring, Md	. MAR 24 1966 Jelianles Judge
	(/ V



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) Montgomery o COUNTY Page b COUNTY Department of death. MARYLAND b CITY OR TOWN (I outside corporate limits and C LENGTH OF STAY IN ID CCITY-OR TOWN write RURAL and give neorest town) write RURAL and give nearest town after (Russ Rockville De.

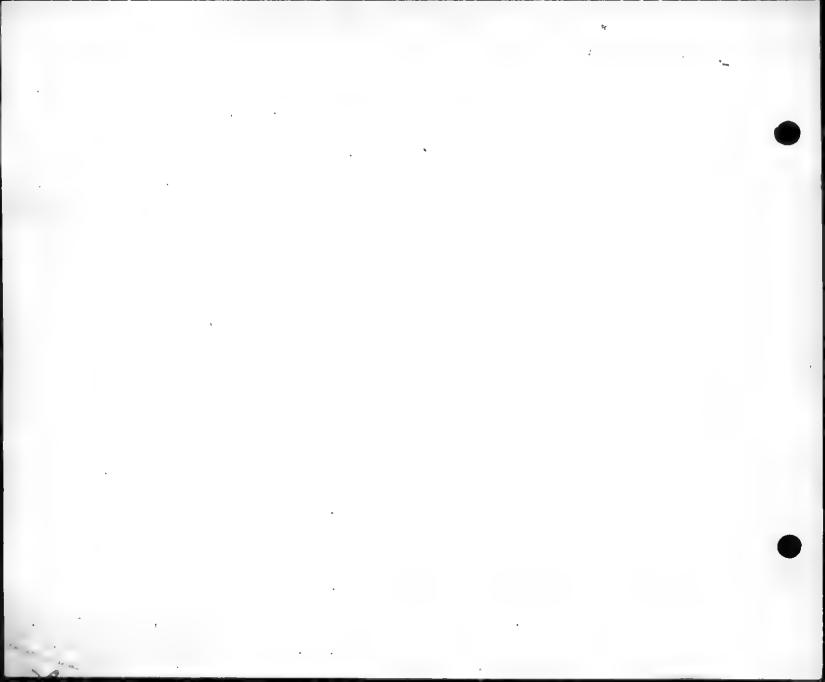
d NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street oddress) DOA. thrul farm 72 haurs ON A FARM? Track New 1432 Rock Pike 20 BIO. RailToad. in pencl in Item 18. Give Pages State YES NO This certificate should be executed within 24 hours after denth along with 3. NAME OF 4 DATE DECEASED the OF DEATH March 1966 (Type or print) NEVER MARR ED 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months DIVORCED W DOWED 11 BIRTHPLACE (Stote or foreign country) 10o JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CT ZEN OF WHAT during most of working life, even if refired) INDUSTRY COUNTRY? any ason the Chief Medical Examiner's 13 FATHER'S NAME IS WAS DECEASED EVER N.U.S. ARMED FORCES? Research 6 SOCIAL SECURITY NO (Yes, no, or unknown) [(If yes give wor or dotes of the second of the INFORMANT ar remaval, "pending" CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) NTERVAL BETWEEN burial-trans.t PART I DEATH WAS CAUSED BY MultiPle Injuries. Severe-ONSET AND DEATH IMMEDIATE CAUSE (o) necessary, please execute the certificate, writing the ward burial, crematian, Colidin wich BIO. Train. Sudden Conditions, fony, which gove rise to immediate couse (o). farwarded ta DUE TO stoting the underlying couse 0 GS 0 nsed PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? YES X NO its designated agent, prior ta be Page 4 shauld be 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY A or CONTRIBUTING CAUSE OF DEATH AL EXAMINER: Was run. UV21. Oy - B; O. Train. 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy Year 20d INJURY OCCURRED (City or town) __ (County) (State) yaur Not While factory, street, office bldg, etc.) FUNERAL DIRECTOR: Page Mc Mont. + O Reil of work 21. I certify that I taok charge of the remains described above, held an Autapsy Inspect on 🔀, Inquiry 🔀, and in my opinion the funeral director. deoth resulted fram Accident 💢 Suicide . be retained Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE TO DEPUTY 5 may be TO FUNERAL Health ar i Old Georgetown Road John C. Ballpruty MED CAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) Bethesda Maryladd 230 BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)
Rockville, Marylamo (Stote) TREMOVALAS Becity) 3/17/66 Park lawn

VR ATSME (5) 6M 1/66

24 FUNERAL DIRECTOR Tyson wheeler 1331 Rockville Pike, Rock. 'd.

250 REC'D BY REGISTRAR DATMAR 16 15

1966 250 ALLERARS VENAL



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove, cerbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO NOSE THE OF THE NING PHYSICAL The law requires that the death certificate be executed within lage 4 map Le retained by ILE Cospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

14072

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: R	esidence before admission)
	a. STATE b. COUNTY Virginia Arlin	acton
Montgomery b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Bethesda 18 days	Arlington	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
The Clinical Center, Bethesda, Md. 20014	5200 Williamsburg Boulevard	YES NO X
3. NAME OF First Middle	Last 4. DATE Month	Day Year
(Type or print) Irwin (None) S	sigmond DEATH March	3 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years IFUNDER last birthday) Months	
Male White WIDOWED DIVORCED	13 July 1917 48 yrs.	Oays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12, C!	TIZEN OF WHAT
during most of working life, even if retired) Appeals Examiner Federal Government		UNIRYI J.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7.D.R.
Harry Sigmond	Alice Gottfeld	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT The Medical Recordiness	
() and an amount of the property of the		2001/
Yes 1942-46 201-10-1601 The	Clinical Center, Bethedda, Md.	
		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia		5 hours
OUE TO		
Conditions, if any, which) (b) Acute Hemorrhagic	Pneumonia	
gave rise to immediate cause (a), stating the OUE TO		
underlying cause last. (c) Acute Myelogenous 1	Leukemia	5 months_
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CA		YES X NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DRIVEN CONTRIBUTING TO CAUSE OF DEATH CIFE EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20b. PLA facto While at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
Hour a.m. While Not While facto	ry, street, office bldg., etc.)	
	hman 12 66 . March 2 66	36 / 1 1 ·
21. I certify that (1) (this hospital) attended the deceased from Fe	t death occurred at 7 M, from the causes and on the	, that (we) last
saw the deceased alive on March 3 1966, and that	t death occurred at 10 1 m, from the causes and on the	te date stated above.
22c. PHYSICIAN'S	ATTENDING MED. STAFF NYS. XX 3 Max 22d. ADDRESSThe Clinical Center,	ren 1900
NAME (Type) Alexander A. Levitan, M.D.		
	Institutes of Health, Bethesd	
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY ARMOVAL SPOCIETY 3/7/966 ARC LINGTON	NATE ARLINGTON, 1	A.
24. FUNERAL DIRECTOR HAM BERS CO- PHOS CHAPPIN	REGISTRAR 25b. REGISTRAR	SIGNATURE
	DATEMIN	4 0

-

24 hours after death.
filled in by the funeral apers. Pages 1 and 2 n 72 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the size within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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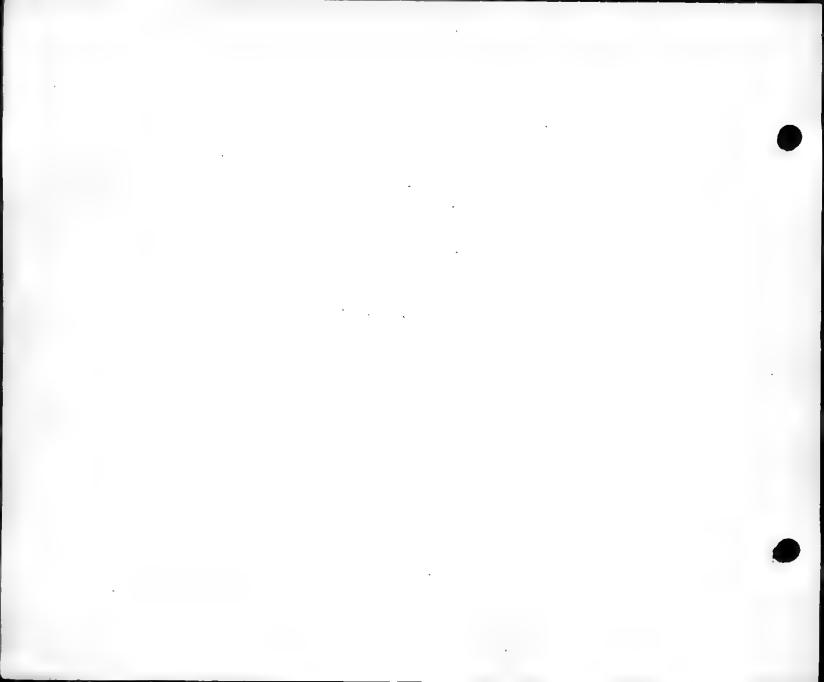
1. PLACE a. CD	E OF DEATH		- 1	2. USUAL RESIDENCE (Whe			ce hefore admission)
a. UD	Montgomery	844 DVI 4414		a. STATE Marvla	b. COUNTY	70 1	ramanu aa
b. CIT	TY DR TOWN (if outside corporate limits, Ite RURAL and give nearest town)	MARYLANI c. LENGTH OF STAY IN		c. CITY OR TOWN (If outside		RURAL and P	gomery ge give nearest town)
	nsington	3 months		TC	1		1
d. NA	ME OF HOSPITAL OR INSTITUTION (If not in hi	ospital, give street addre	(SS)	d. SIREET ADDRESS			e. IS RESIDENCE
315	56 Plyers Mill Road			3156 Plyers	Mill Road		ON A FARM? YES ND
3. NAME	DF First	Middle	-	Last 4. D	ATE Month	Da	y Year
	or print) retras	Si	K	STIUSI	EATH May	12	2 19 66
5. SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	1 8	OATE OF BIRTH			R IF UNOER 24 HRS.
max	e while WIOOWED	OIVORCEO T	il s	Sept. 14, 1899	66 VIS.	onths Days	Hours Min.
1Da. USUA during mo	LOCCUPATION (Give kind of workdone) 10b. K st of working life, even if retired) if	IND OF BUSINESS OR	- 1	11. BIRTHPLACE (County &		12. CITIZEN COUNTR	N OF WHAT
		ehouse		Lithuania		Lithu	
13. FATE	IER'S NAME			14. MOTHER'S MAIDEN NAP	ME		
	Juozas Siksnius			Marijona K	limauskaite		
15. WAS C	DECEASED EVER IN U.S. ARMED FORCES? 16.	SDCIAL SECURITY NO. 1	7.	INFORMANT	Address		
	r unkown) (If yes give war or dates of service)	1 20 4000	0	- Cilconina Co	42 337	11.0-	
no			ŲI.	a Siksnius Sa	me as #2 W	ife	
	CAUSE OF DEATH (Enter only one cause per li			· 11		ON	ERVAL BETWEEN
1	IMMEDIATE CAUSE (a)	cinomat	0	SIS OF 110	iec ana	(0	i fouth
	DUE TO COO	ominal U	13	cera,	,	E	1//
	itions, If any, which	euo-carei	И	una of st	omach		275
	rise to immediate () (a), stating the OUE TO						(/
under	rlying cause last. (c)						V
PART	II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO OEATH BUT NOT R	ELĄĴ	EO TO THE TERMINAL DISEASE	CONDITIONGIVEN IN PAR	RT 1(a) 19	
PART 20a. OR CC (IF EI	ntestinal obstr	-uction		Coloston	(un)	Y	PERFORMED?
20a.	ACCIDENT WAS UNDERLYING 20b. C ONTRIBUTING CAUSE OF DEATH ITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY O	CCUF	REO. (Enter nature of Injury	in Part 4 or Part II of it	em 18.)	
B (if E	THER, NOTIFY MEDICAL EXAMINER)						
롯 2Dc.	TIME OF INJURY Month, Day, Year 2Dd. II	YJURY OCCURRED 20e.	PLAC	E OF INJURY (Home, farm, 2	Of. (City or town)	(County)	(State)
MEDICAL 2Dc.	Hour a.m. While	NOT WHITE []	ctor	y, street, office bldg., etc.)			
	p.m. 19 at work				100		
	. I certify that (I) (this hospital) attended			C) Zh'	to Mac 12,		
Sa	w the deceased alive on Mac (1	and t <u>دی عاک 19 دی.</u>	that	death occurred at 🔀 🚜 N	A, from the causes and		
22a.	SIGNATURE	-/-		ATTENDING TO MED.	STAFF -	2b. DATE S	IGNED
	Thorce Et	2 CL	M.O.	PHYS. GIRECTO	OR PHYS.		
22c	PHYSICIAN'S NAME (Type)			22d. AOORESS / OG	20 6,00-151	a au	L.
V Street	ceige 6 19911			Selver	2751491	LILE	1/
23a. BUR	MAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMET	ERY	OR CREMATORY 23d	LOCATION (Vity, town	or county)/	(State)
Ba	1914 (Specify) 3/15/66	Gate of He	a.v	en S	Silver Spring	9	Md.
24. FUN	ERAL DIRECTOR	ADORESS	.30'f.	25a. REC'D BY I	REGISTRAR 25b. REGI	STRAR'S SIG	
Fra	ncis Gasch's Sons Hy	attsville. M	d.	MAR I 5	1956 1 Lia	reles Je	roge.

VR A15 (4) (20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04084 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed I ved. f institution. Residence perfore admission) b COUNTY Montgomery , 2, anu ... PM3. Page o COUNTY o STATE Maryland Montgomery 5 death. MARYLAND delay Department b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY N 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest tawn) after Silver Spring Silver Spring d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RES DENCE ON A FARM? d STREET ADDRESS haurs Office along with farm Pages NO SOS ate 4500 Furman Ct. Holy Cross Hosp This certificate should be executed within 24 hayrs after death NAME OF Middle First Lost 4 DATE Month DECEASED OF X S. Roy Simmons in Item 18. Give (Type or print) DEATH SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR I IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdoy) Months Doys 1/26/01 WIDOWED D VORCED event and 10g USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? any Western Electric Examiner's Warehouse clerk Weaverton Virginia United States pentil 1 13. FATHER'S NAME MOTHER'S MAIDEN NAME \subseteq SIMMONS Ida Painter Louis FIE and <u>e--</u> 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16 SOC AL SECURITY NO 17 INFORMANT ırd "pending" ır. Chief Medica, F remavai (Yes, no, ar unknown) (If yes give war or dates of service) Some none 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c) INTERVAL BETWEEN burnal-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Б IMMEDIATE CAUSE (o) Acute coronary insufficiency writing the ward 4201 cremation, DUE TO farwarded to the Coronary artery heart disease Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stoting the underlying couse o lost burial, nsed (PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART ICO. 19 WAS AUTOPS PERFORMED? NO þe agent, priar to Page 4 shauld be 20p EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of Item 18.) shauld PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c TIME OF INJRY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Hour om While Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page ot work ot work its designated 21. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection | Inquiry P and in my opinion the funeral director. death resulted from: Natural causes X Suicide ... Accident & Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY þe Health or EXAMINER'S may NAME (Type) BURIAL, CREMATION 23d LOCATION (City of Town) 9 250 REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/66

Items 18&21 Film G376 4/MARYGANDISTATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04085 CERTIFICATE OF DEATH and death **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. campletely filled in by the funeral iove carban papers. Pages 1 and 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH a. COUNTY **b** COUNTY van papers. Pages 1 within 72 haurs after MARYLAND b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town C LENGTH OF STAY IN 16 MASCUS d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? YES NO T NAME OF Middle 4 DATE Month Day Last DECEASED OF. ar remayal, and in any event, (Type or print) DEATH SEX 9. AGE (In years Slost birthday) IF UNDER 1 YEAR 6 COLOR OR RACE NEVER MARRIED remove Months MIDOWED DIVORCED 12 CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most of working the even fretired INDUSTRY please MonTgomery 13 FATHER S NAME signed by the attending phy burial-transit permit. Then WHICK BLOCK! IS WAS DECEASED EVER IN 5 ARMED FORCES?
(Yes, na, ar unknown) (If yes give war ar dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address burial, crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise ta immediate cause (a), **DUE TO** stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been as the af Health priar ta 19. WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? far use NO 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) with the State Dept. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While at wark at work 4 may be retained by 3 should be 21. I certify that (1) (this haspital) attended the deceosed from Jan. 20, 19 66, to March 11, 19 66 that (1) (we) last saw the deceased alive an March 11, 19 66, and that death accurred at 5 3/4 M, from causes and an the date stated above. saw the decemsed alive an March 22a SIGNATURE 22b DATE SIGNED director, page 3 shauld be filed v M.D. PHYS 22d ADDRESS 22c /PHYSICIAN'S NAME (Type) 23g BURIAL, CREMAT ON, REMOVAL SEGUE 231. SAME OF CEMETERY OF CREMATORY 23d LOCATION (City or Town)
Boyos, Ma (County) (State) REC'D BY REGISTRAR 24 FUNERAL DIRECTOR **ADDRESS** REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 lianter



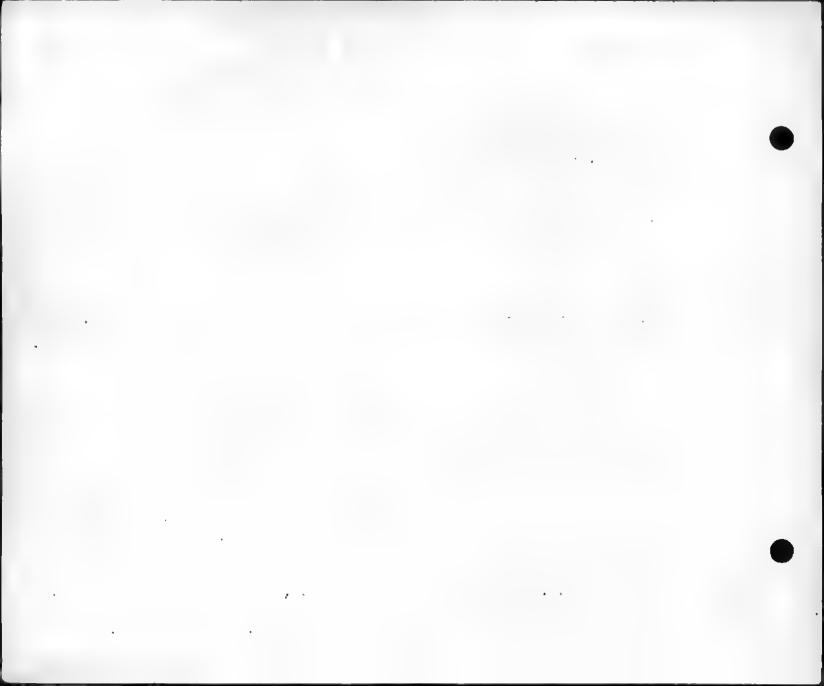
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Л		04086	CERTIFICATI	OF DEATH		04076				
		PLACE OF DEATH COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (W	There deceased lived, if institution b COUNTY	Residence before admission)				
	ę	b CITY OR TOWN (If outside corporate amits write RURAL and give nearest tawn) Bethesda	c LENGTH OF STAY IN 16		side corparate limits, write RURAL	and give nearest tawn)				
	(d. NAME OF HOSP TAL OR INSTITUTION (If not in h	aspital, give street address)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
P	3 1	U. S. Naval Hospita	al Middle	lost Lost	et Jinkins Circ	Day Year				
	1	DECEASED (Type or pnnt) Keith		elly	of DEATH March	26_ 19 66				
	S :			8 DATE OF BIRTH	9. AGE (In years IF last birthday) M	FUNDER I YEAR IF UNDER 24 HRS. Ianths Days Hours Min.				
	10a	JSUAL OCCUPATION (Give kind of work done	106. KIND OF BUSINESS OR	13 August 19	962 3 yrs & Stote, or foreign cauntry)	12 CIT ZEN OF WHAT				
		ng most af working life, even if retired) NA	INDUSTRY NA	Oak Harbor	. Washington	COUNTRY? USA				
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME					
	15.	Romanid Skelly was deceased Ever in u. S. armed Forces?		Virginia INFORMANT	Marie Fiore Address	022				
	(Ye	NO (If yes give war ar dates of servi		mauld Skelly	. 111 È. Jinkir	Sanford				
		18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY.				INTERVAL BETWEEN DISET, AND DEATH				
		A O O / DUE TO								
		Conditions, if any, which gave (b)								
		stating the underlying cause DUE TO lost. (c)								
2	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES X NO				
	L CERTIFICATION	20g ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) NA	205. DESCRIBE HOW INJURY OCCURRED NA	(Enter noture of injury in F	Part I or Part II of item 18.)					
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour a.m. NAp.m. 19	20d INJURY OCCURRED 20e PLA While Not While foc	CE OF INJURY (Hame, form, tary, street, office bidg , etc.) NA	20f. (City or town) NA	(County) (State)				
		21. I certify that (this haspital) saw the deceased alive an Mai	attended the deceased fram_	Jan 8 , 1	9 66, to March 26	, 19_66 that (X) (we) las				
		22a SIGNATURE	77 17 10 me me			22b. DATE SIGNED				
		Ann	м.		MED STAFF DIRECTOR PHYS D	27 March 1966				
		22c. PHYSICIAN'S NAME (Type) J.I. LYNCH,	LCDR MC USN		1 Hospital Beth	nesda, Md.				
	23a	BURIAL, CREMATION, 23b. DATE THEREOF	234 NAME OF CEMETERY OR		23d LOCATION (City or Town)					
		BUT 18 1 3-30-186		phonal Cem.	Arlington, Vi	irginia [RAR S SIGNATURE				
		oseph Gawler's & Son	5130 Wisc. Ave. NW	. Wash DATMA	7 3 1 1966 gel	ianle Judge				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending president and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dept. Poge 4 moy be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66



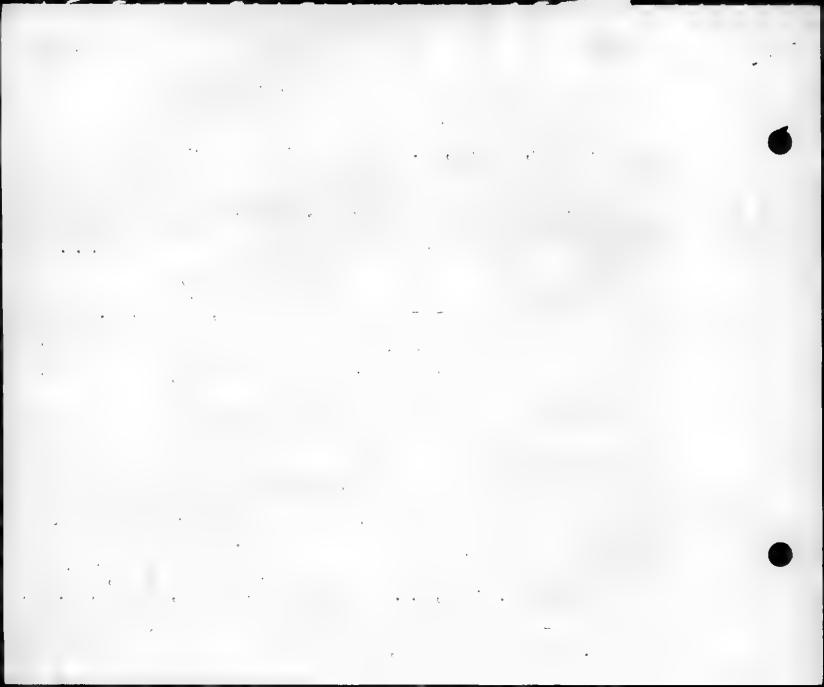
TO FUNERAL DIRECTOR: After this certificate was been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please-remove carbon papers. Pages 1 and 2 should be director, page 3though the State Dept. of Realth prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

DIAGE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (140)?

a. COUNTY	a. STATE b. COUNTY
Montgomery MARY	NYLANO New Jersey
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	AY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)
Bethesda 44 days	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street a	address) d. STREET ADDRESS 9. IS RESIDENCE DN A FARM?
The Clinical Center, Bethesda, Md. 200	
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Stanley Paul	Smith DEATH March 3 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min.
Male White WIDDWED DIVORCE	E0 7 February 1920 46 yrs. 0 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS DI INCUSTRY	CDUNTRY?
Salesmen Unascertainah	ble Pennsylvania U.S.A.
John Smith 15. WAS GECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	Kathryn (Unknown)
(Yes, no, or unknown) (If yes give war or dates of service)	The Medical Record
No 053-16-8507	THE CLEAN CONTRACT OF THE CONT
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardis	al Failure 1 hour
H / X DUE TO	Aortic insufficiency
Conditions, if any, which gave rise to immediate	t Disease, Mitral stenosis, 15 years
cause (a), stating the OUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT I 202. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES [X] ND
20a. ACCIOENT WAS UNDERLYING CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME DF INJURY Month, Oay, Year 2Dd. INJURY OCCURRED Hour a.m. While Not While at work at work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (County) (State)
	from January 18 , 1966 , to March 3 , 1966 , that 10 (we) last
saw the deceased alive on March 3 19 66	and that death occurred at 4:40 M, from the causes and on the date stated above
228. SHCNATURE	22b. DATE SIGNEO
Celebram & Niciso.	M.D. ATTENDING MED. MED. STAFF B 4 March 1966
22c. PHYSICIAN'S NAME (Type)	22d. AOORESSThe Clinical Center, National
William S. Pierce, M.D.	Institutes of Health, Bethesda, Md. 20014
DENIDUAL (Specific)	CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State).
Gremation 3-8-66 (Cedar H)	ill Crematory Suitland, Maryland
24. FUNERAL DIRECTOR ROBERT A. PUMPHREY Bethesda,	Maryland MAR II 1966 Julianles Judge.

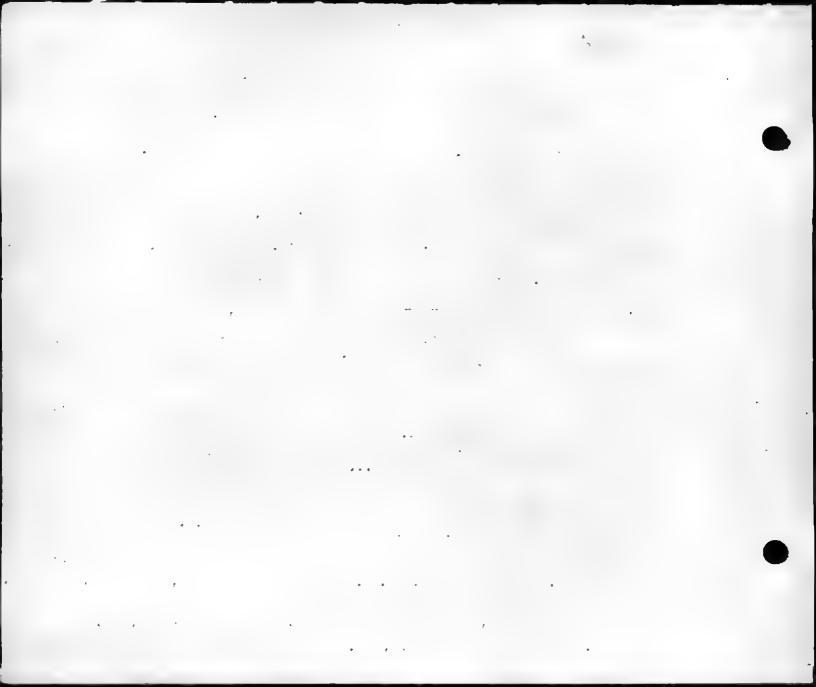
VR A15 (4) 15M 4-64



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please the page carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OROGO
CERTIFICATE OF DEATH

I —					0 = 111111							
1.	PLACE OF DEAT	Н					2. USUAL RESIDENC					
	= CDOMIT	Montgo	mery		MARY	LAND	a. STATE Mar		b. COUNT			
	b. CITY OR TOW	/N (if outside	corporate	limits,	c. LENGTH OF STAY		c. CITY OR TOWN (If	outside corp	orate limits, writ	e RURAL a	and give	nearest town)
1	Write RURAL	and give ne Damasc	us (us				Dama	ascus		1	5-	/
	d. NAME OF HO	SPITAL OR IN	STITUTION	(if not in he	ospital, give street a	ddress)	d. STREET ADDRESS					S RESIDENCE ON A FARM?
		26105	Ridge	Rd.					ge Rd.			NO 🗆
3.	NAME OF DECEASED		First		Middle		Last	4. DATE OF	Month		Day	Year
	(Type or print)		Salli	.e	Lenore		Souder	DEATH	Marc		.3	1966
5.	SEX	6. CDLOR C	R RACE 7.	. MARRIED	NEVER MARRIE	D 🔲 8	. DATE OF BIRTH	9.	AGE (In years III last birthday)	FUNDER 1		
	emale	White		WIDOWED		D 🔲	April 29,1		79 yrs.			Hours Min.
10a dur	. USUAL OCCUPATING most of work	TION (Give kin	d of work do	ne 10b. Ki	IND DF BUSINESS OR NDUSTRY	{	11. BIRTHPLACE (Co		er foreign country)	12. CIT	IZEN DF UNTRY?	WHAT
		_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		n home		Nr. Da	mascus	, Md.		SA	
13.	HOUSEWI FATHER'S NAM	NE .					14. MOTHER'S MAID					
	Colum	bus F.	Purd	lum			Amanda	Warfi	.eld			
15 (Ye	WAS DECEASED	EVER IN U.S. /	ARMED FOR C	CES? 16. 5	SOCIAL SECURITY NO). 17.	INFORMANT		Address			
	No	(4-36-3613	M	rs Ruth Gu	e,	Item 2			
	18. CAUSE OF	DEATH [Ente	r only one c		ine for (a), (b), and (c						INTERV	AL BETWEEN
	PART I. D	EATH WAS CA	USED BY:	Arter	rioscleroti	ic Ca	rdio-Vascul	ar-Rena	al Diseas	se	ONSET 12 ye	AND DEATH
	420	/ INDIEDIAL		with	Hypertensi							
	Cenditions, If	any, which	DUE TO	Termi			Mesenteric	Throm	bosis		1 da	ay
	gave rise to		DUE TO	,								
	cause (a), s underlying caus		(c)									
NO.					TING TO DEATH BUT!	NOT RELA	TED TO THE TERMINAL D	ISEASE COND	ITIDN GIVEN IN PA	ART 1(a)		AS AUTOPSY
CERTIFICATION				Diabe	etes Mellit	tus					YES	ERFORMED?
TIF	20a, ACCIDENT	WAS UNDER	LYING DEATH	20b. D	ESCRIBE HOW INJU	RY OCCU	RRED. (Enter nature of	Injury in Pa	rt I or Part II of	Item 18.)		
	OR CONTRIBUT (IF EITHER, NO	TIFY MEDICA	T EXAMINE	R) No	accident.	• • •						
CAL	20c. TIME OF		th, Day, Ye	ar 20d. II	NJURY OCCURRED	20e. PLAC	CE OF INJURY (Home, fary, street, office bldg., et	rm, 20f. (City or town)	(Cour	rty)	(State)
MEDICAL	Hour a. p.	m. m.	19	While at work	k Not While at work	FACTOR	2) arreer! nuica nidK" ei					
	21. I certi	fy that (I) (t	histhöspit	àt) attende	ed the deceased fi	rom Ja			March 13			
		ceased alive	e on Mar	ch 13.	19.66_, a	and that	death occurred ato	:45M, Tro				
	22a. SICNATU	RE		n	1	49	ATTENDING N	AED.		22b. DA		
		mi	Can	dra	~ Endayor	1/10	PHYS. + I	IRECTOR	I PHIS. (FI	THETT.C:	נד די	, 1966
	22c. PHYSICIA NAME (T	ype) M. I	Ic Kend	ree Bo	yer,	D.	9701 Churc	h Stre	et, Dama	scus	, Mai	ryland.
23a	BURIAL, CREM	MATIDN, 23b	. DATE THE	EREDF	23c. NAME OF CE	EMETERY	OR CREMATORY	23d. LO	CATION (City, tow	n or cou	nty)	(State)
	Burial	Mai	rch 15	1966	Damas	scus	Meth.	Da	mascus,	Md.		
24	FUNERAL DIR	ECTOR			ADDRESS	f .2	25a. REC		TRAR 25b. REG			URE
	Olin L.	. Moles	sworth	r, De	amascus, M	1 d •	DATMA	R 21 1	1966 <i>y</i>	larl	By you	del

VR ALS (4)



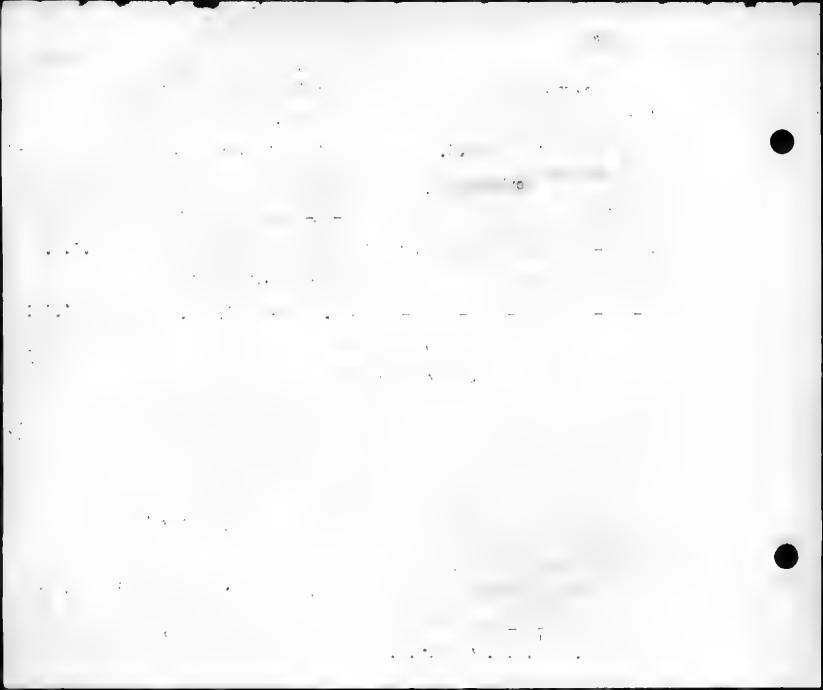
secuted within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATI	E UP DEATH ALATA
1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
M . 4	Maine Lounty York
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
b. CITY OR TOWN (if outside corporate Units, write RURAL and give nearest town) Chevy Chase	Sanford
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE
	ON A FARM?
	3 Leighton Street YES□ NO K
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or; Beulah Ethel Sta	ckpole DEATH March 13 1966
NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months (Days Hours Min.
WIDOWED DIVORCED 2	-22-1891 75 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired-Dietitian Yale University	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Stackpole	Josephine Spinney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. (Yes, no, or unknown) (1f yes give war or dates of service)	INFORMANT AND CONTRACT AND MILE
Mr	s. Christopher T. Bever/ Wash. DC.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcine mayosi	ONSET AND DEATH
1574	1984
Conditions, If any, which	Pancrease /4x+
gave rise to immediate (
cause (a), stating the DUETO	
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CAT	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUT	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While - Not While - factor	y, street, office bldg., etc.)
	an 28, 1966, to Mirch 13, 1966, that (1) (we) last
saw the deceased alive on March 1966, and that	death occurred at 11:35 M, from the causes and on the date stated above.
228, SIGNATURE	
22c. PHYSICIAN'S MD.	
NAME (Type)	22d. Address
NAME (Type) George Sharpe	103 / 34 M MIT AND 1CENSING
238. BURIAL CREMATION 230. DATE IMEREUF 23C. NAME OF CEMETERY	
Removal 3-14-1966 Oakdale Cem	etery Sanford Maine
100senn wawter's Sons Inc	
5130 Wisc. Ave. N. W. Wash. D. C.	DAMAR 17 1966 Actionles Visit

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04090 FOR STAT HEALTH P.M.3. Page The State Department of any delay is 'pending" in penci in Item 18. Give Pages 1, 2, and 3 ta

with the State Department of within 72 haurs after death.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04080

_										. 0
	1. 1	PLACE OF DEATH				2. USUAL RESIDE	NCE (Wh.	ere deceosed lived, if in	statution Reside	nce before odmission)
	(o. COUNTY Month manual				A STATE		a b	COLINTY	1
		Montgomery	MARYLAI				yland. "		ontgemers	
		b CTY OR TOWN (If outside corporate limits	c. LENGTH OF STAY IN 1	b	c CITY OR TOWN	(If outs	de corporate limits, writ	e RURAL and gr	ve neorest town)	
		Bothesda Dickers		D.O.A.		13°	1/11	SVIlle-		
	-	d NAME OF HOSPITAL OR INSTITUTION (Finot	ın hosp to , g	rve street oddress)		d STREET ADDRES				e IS RESIDENCE
		Sabarbar High way	- Sug	an Loat Rd-		·P0.1	317	334.		ON A FARM? YES NO X
		NAME OF First		M ddle		Lost	1	4 DATE	Month	Doy Year
		OFCEASED (Type or print) Rel	1			Stacy		OF DEATH La:	rch	23 1966
			7 MARRIED	NEVER MARR ED	В	DATE OF BIRTH		9 AGE (In yea	ors [IF UNDER	R I YEAR IF UNDER 24 HRS
	1	Male White	WIDOWED	DIVORCED		7-29-42		lost birthdo	γrs Months	Days Hours Min
	10o	USUAL OCCUPATION (Give kind of work done	10b KIN	ND OF BUSINESS OR	<u> </u>	11 BIRTHPLACE	(State or		12 0	T ZEN OF WHAT
		ing most of working ite, even if retired)	IND	DUSTRY					(OUNTY S.A.
	12	Handiman -	-			IA MOTHER S MAI		nia_		N. 2. W.
	13	FATHER'S NAME						e Endo		
	_	Elmer Stac					<i> </i>	e FIJCIO	C0/1	•
		WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown). ((If yes give wor or dotes of s		OCIAL SECURITY NO	17 1N	IFORMANT			Address	
	1	, it job gits to see see								
		1B CAUSE OF DEATH (Enter only one couse	per ne for	(o), (b) and (c).)						INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY.	Twi	uries, mult	inl	a cattare	5			ONSET AND DEATH
		IMMEDIATE CAUSE (o	,	WI 4003 MULO	TAT.	ST DC AGTE	i			- THINGGISTO
		5 - 5 th DUE TO Conditions, if any, which gave 1	aut	omobile acc	ide	nt.				
,		rise to immediate couse (a)	")			-				
		stating the underlying couse DUE To	0							
		lost. (c	:)(;							
	-	PART I. OTHER SIGNIFICANT CONDITIONS COR	NTRIBUTING T	O DEATH BUT NOT RELATE	D TO TH	HE TERM NAL DISEAS	SE CONDI	TION GIVEN IN PART 1(0)	19 WAS AUTOPSY
n	(III)			·						PERFORMED?
L	DI4	20a EXTERNAL CAUSE WAS	20h DES	CRIBE HOW INJURY OCCU	RRED (Enter nature of init	irv in Por	rt Lor Part Lof Item 11	3)	
	MEDICAL CERTIFICATION	PRIMARY OF CONTRIBUTING CAUSE OF DEATH			,		,			
	AE.		204 (1)	Senger 11		E OF INJURY (Home		20f (City or tow		ounty) (Stote)
	Ē	20c TIME OF INJURY Month, Doy, Year Hour and	# While	Not While		ry, street, office bldg		4-1	, 1-	
-	2	10 -pm 2-XX 196	ot work	of work 🔼	<u> </u>	rahway		Dicke	15 CT.	Mont. Mil
-		21. I certify that I tack charge	of the rem	iains described abay	e, heli	d an Autapsy [X	Inspection 💢,	Inquiry X.	and in my apinian
		death resulted fram: Natural	causes	, Accident XI,	Surcio	ie 🗍 Ham		Undetermine	d manner	7
			_			CHIEF ME	DICAL EX		-	
		SIGNATURE Orhon	. Ba	ll		M.D. ASSISTANT	T MED CA	L EXAMINER		22. DATE SIGNED
		17					MEDICAL I	EXAMINER X	3/23/	66
2		EXAMINER'S John G. B	all 7	936 Old Ge	org	e town and Rd	Street, d	Rethesday,	Ad.	
	230	BURIAL, CREMATION 236 DATE THER	EOF	23c NAME OF CEMETER	Y OR C	REMATORY	1	23d LOCATION (City	or Town)	(County) (Stote)
		REMOVAL (Specify) Burial 3/28/6		Pottersfi			7.0	Montgor	-	, ,,
	24	FUNERAL DIRECTOR 1331		villersiz	C T U				b. REGISTRARS	
				• Maryland				_		
	1.3	Tyson Wheeler Rock	ratte	,ar A rand		DAT	MAR	2.8 1966	Julian	Par Quedas

VR A15ME (5) 6M 1/66

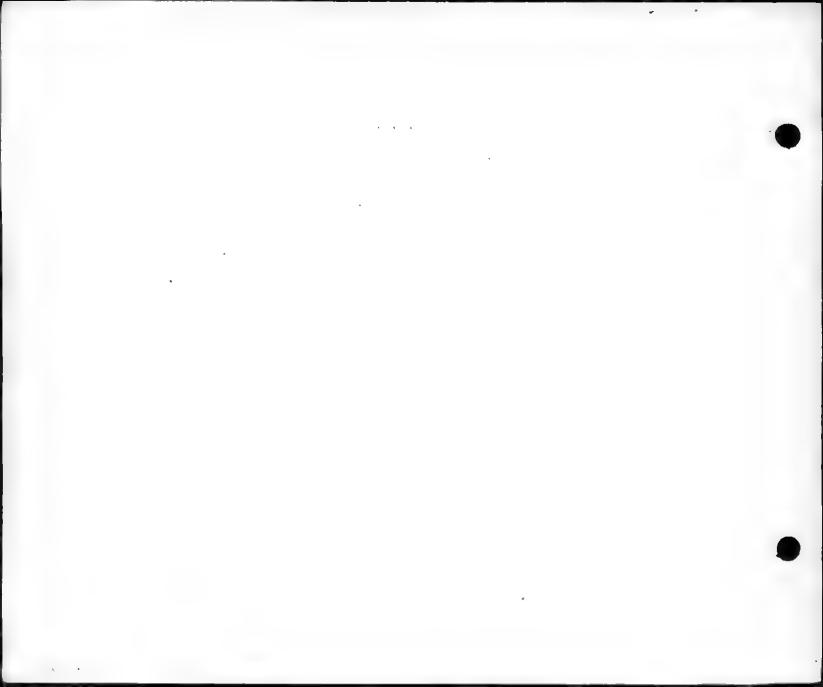
the funeral director, Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm

5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burral-transit permit. File pages I and Health at its designated agent, priat ta burial, crematian, or remaval, and in any event.

TO DEPUTY MIDICAL EXAMINER: This certificate should be executed within 24 hours after death

necessary, please execute the certificate writing the ward

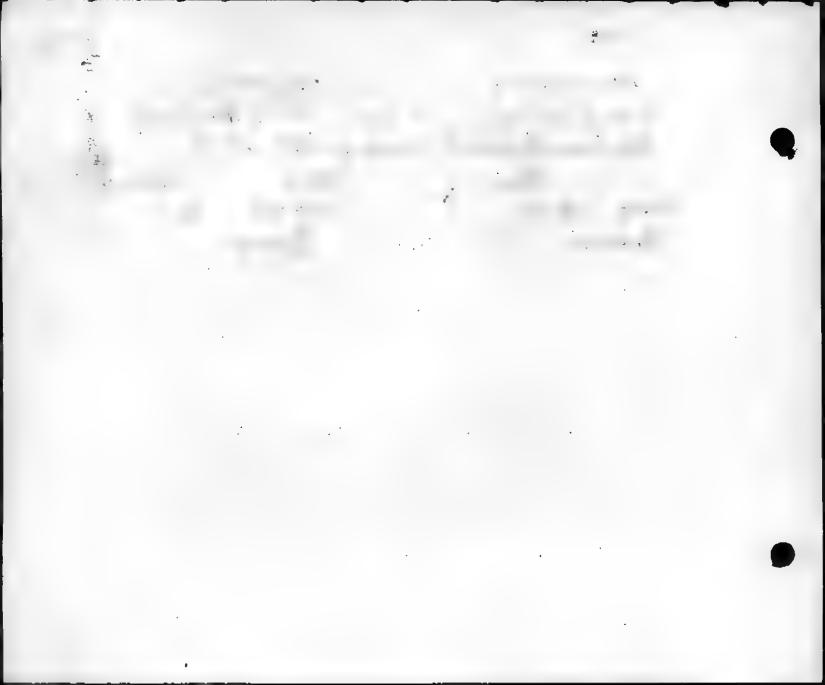


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please tempte carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	ACE OF DEATH		2. USUAL RESIDENCE (Y	Where deceased lived, If Institution: R	esidence before admission)
a.	COUNTY		a STATE	b. COUNTY	
h	CITY OF TOWN IN A WHITE A CONTROL MARKET	c. LENGTH OF STAY IN 1b	c. City OR TOWN (If outs	de corporate limits, write RURAL	and also nearest town)
	CITY OR TOWN (if publide corporate limits, write RURAL and give pearest town)	2	all)	Le corporate mintes, write worker	4
ے	ilver Spring	4 days	848 311	WELD Drinal	15-1
d.	NAME OF HOSPITAL OR INSTITUTION (IF not in ho	spital, give street address)	d. STREET AOORESS	11 -11	e. IS RESIDENCE ON A FARM?
	Holy Cross Hospitalo;	+ Silver Sprin	V 8484 164	4 St.	YES NO
3. NA	ME OF First	Middle 7	Last 4.	OATE Month	Day Year
	/pe or print)		Stein	DEATH MALCH	28 1966
5. SE	6. COLOR OR RACE 7. MARRIEO	NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years IFUNOER	
m	7/e White WIOOWED?	DIVORCEO	7/4/89	tast birthday) Months	Days Hours Min.
10a. US	SUAL OCCUPATION (Give kind of work done 10b. Kli regost of working life, eyen if retired) IN	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County		ITIZEN OF WHAT
1		F00D	1.115510		USH
13, F	ATHER'S NAME		14. MOTHER'S MAIDEN		
	SRAEL STEIL		TOBA		
	AS DECEASED EVER IN U.S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Yes, n	o or unknown) (If yes give war or dates of service)	NKNOWN K	DSESTEIL	8484-16-	ST-55pg/ND
118	. CAUSE OF DEATH [Enter only one cause per lin	ne for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Tuntito. F	ulmman c	hem -	ONSET AND OEATH
	, IMMEDIATE CAUSE (a)	wardery v	-		
	enditions, if any, which \ (b)	Esabeta C.	als me	Onia.	20 Ym
	ive rise to immediate (b)	magazine Co	ano lo general	Brace-24	
Ca	use (a), stating the DUE TO				
1 - 1 -	derlying cause last. (c)				la distance
₽ PA	RT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT				19. WAS AUTOPSY PERFORMEO?
FICATION	(a) Recent Brownoprous	nomin (b) mul	tiple beautit	ins Weers.	YES NO NO
1 = 1 20	B. ACCIOENT WAS UNDERLYING 20b. 01 R CONTRIBUTING CAUSE OF OEATH F EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of inju	ury in Part I or Part II of Item 18	.)
1 1		JURY OCCURREO 20e. PLAC	CE OF INITIRY (Home form I	20f. (City or town) (Cou	inty) (State)
WEDICAL 20		- factor	y, street, office bidg., etc.)	2017 (017) 01 101111)	(444-47)
× _					
	21. I certify that (I) (this hospital) attende	d the deceased from 🕰	196	7, to march 28, 19 6	that (I) (with) last
	saw the deceased alive on 3-28	1966, and that	death occurred at 4:15	\underline{P}_{M} , from the causes and on t	
22	2a. SIGNATURE	90 0	ATTENDING A A MED		ATE SIGNEO
	dere U loten	M.D	ATTENDING MED.	CTOR PHYS. 3	28-66
2:	NAME (Type) GENE 4. COH	ren, M.D.	22d. ADDRESS //	ob SPRING STRIN	6 MD
230000	BURIAL, CREMATION, 236. DATE THEREOF	23c. /NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or co	unty) (State)
Be	REMOVAL (Specify) 3/30/66	NAPL. ME	M. TARK	FALLS CHERRE	ext. VA.
24.	UNERAL DIRECTOR	AOORESS	25a. REC'D I	BY REGISTRAR 25b. REGISTRAR	
Si	eldberg tuneral Nome?	217-9 4 31.7.	W C DAMAK S	1 1968 Jane	es judge

VR A15 (4) 20M 1/65



34

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any events within 72 hours after death Cleared with hedical Examinar TO MORPITAL OR ETTERNING PRYSICIAN; The law requires that the death certificate be executed within 24 hours after death, Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

04082

	V - 17 CO
1. PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Montgomery MARYLAND	a. STATE Maryland b. CDUNTY Montgomery
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)
Silver Spring DC A	Silver Spring
d. NAME DF HDSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
	DN A FARM?
Holy Cross Hospital	1909 Seminary Road YES □ ND 🔀
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) ROY Jee S	STEVENSON DEATH March 18 1966
5. SEX 6. COLDR DR RACE 7. MARRIED NEVER MARRIED	8. DATE DF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. Jast birthday) Months Days Hours Min.
, Male White WIDDWED DIVDRCED	1/7/05 61 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT
during most of working life, even If retired) Country Club	Arkansas U.S.
13. FATHER'S NAME	1.14. MOTHER'S MAIDEN NAME
Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17.	Unknown INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	decene H. Stevenson 1909 Seminary Road
Ves WW 11 217-34-0624 Ve	same s.s. Md.
B. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN DNSET AND DEATH
PART J. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MUCOCOLOR	- Marction 15Min.
1/10/	
conditions, if any, which) Arteriosclero	tic Acart Disease Yakana
gave rise to immediate	
underfulne across fact	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
Dist to wall	PERFORMED?
208. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY DOCU	TREE. (Enter nature of Injury in Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PROPERTY OF CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NRED. (ERRET RATURE OF MIJORY IN PART FOR PART IT OF RESILTO.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While at work at work	rry, street, affice bldg., etc.)
21. I certify that (i) (this hospital) attended the deceased from	1963 to Marchit. 1966, that (1) (we)-last
	t death occurred a 12:137M, from the causes and on the date stated above.
22a, SICNATURE	22b. DATE, SIGNED
Serie Marpe M.	ATTENDING MED. STAFF 2 /19/66
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
George Sharpe	10511 Summit Ave. Kensington, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME DF CEMETERY REMOVAL (Specify)	Y OR CREMATORY 23d. LDCATION (City, town or county) (State)
Rurial March 22, 1966 Arlington Nat	tional Cemetery Arlington, Virginia
24. FUNERAL DIRECTOR ADBRESS . A	25a. REG'D BY REGISTRAR 25b. RECISTRAR'S SIGNATURE
Warner E. Pumphrey, Inc. Silver Spring.	Md ToMAR 24 1956 Cliantes Judge

VR A15 (4) 20M 1/65



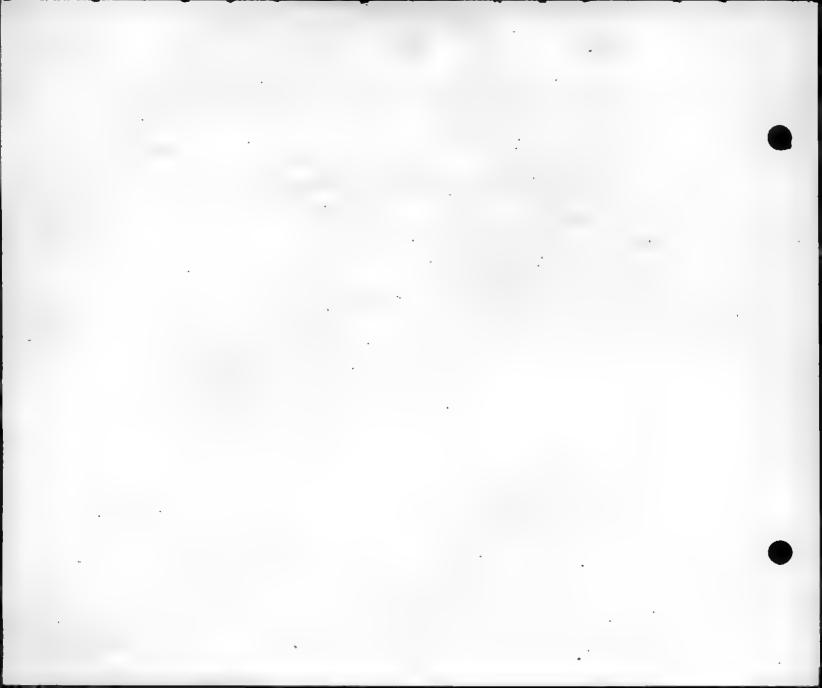
1 1				Items 18&21 Film G37 MARYLAND STATE DEPARTMENT OF HEALTH
FOD O	TATE	Barrell		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
TUK S	IAIL			04093 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (14083
REALIR	DELI	10	1.	PLACE OF DEATH a. COUNTY Items 8,9 Film 376 5 P.3 a. STATE. The state of the stat
2 2 g	世紀			b. CITY OR TOWN (If outside corporate Harlts, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town
ecessar e funer may b	partment er death			write RURAL and give nearest town)
Fait Co	Sepa			d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
3 to 1 Page	State	,		Washington Sanitarium 1405 Langley Way, VES 10 NO 12
and and	e St		3.	NAME OF First Middle Last 1 4. UATE Month Day Year
P. 29	h the	7	E	(Type or print) That are 1966
h. If	2 with			ast birthday Months Days Hours Min.
CO	event.m	-1	10a	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
rs after de 18. Give Pa along with	-		dur	me chanic (RETIRED) Auto Washington, D.C. U.S.A.
13. afon	pages in any		13.	FATHER'S NAME
tem fice	File pa		15	lowell Stewart Olive Barton
in 24 i in 1 's Of	de.		(YE	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. A Informant 1405 Address 1405 Langley Way
vith) encil	permit. removal			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] WIERVAL BETWEEN
in penci Examiner	sit p			PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a) Ruptured abdominal aortic aneurysm with ONSET AND DEATH
ದ್ರ‰				H J J DIJE TO
be exe 'pendin Medica	burlal-tran cremation,			conditions, if any, which gave rise to immediate (b) massive retroperitoneal hemorrhage.
	a bu			cause (a), stating the DUE TO
should word Chief	ed as burial		NO	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY
ificate the to the	used to bu	-	CERTIFICATION	PERFORMED? YES NO
	or prior		RTIF	20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
L EXAMINER: This cert he certificate, writin should be forwarded files.	should ent, pi		L CE	
NER: Ti ficate, be forw	80 80		MEDICAL	Hour a.m. While Not While factory, street, office bidg., etc.)
THIS PER	age		ME	p.m. 19 at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, and in my opinio
S S S S S S S S S S S S S S S S S S S	CTOR: Page designated			death resuited from: Natural causes Recident , Suicide , Homicide , Undetermined manner
2 4 7 P	RECT(CHIEF MEDICAL EXAMINER
execute Page				ACTUAL SIGNATURE DEPLY MEDICAL EXAMINER 22. DATE SIGNED DEPLY MEDICAL EXAMINER 22. DATE SIGNED DEPLY MEDICAL EXAMINER 22. DATE SIGNED
> × -				EXAMINER'S BELDEN K. NEAP M.D. Address (Street, city, town, or county)
please edirector.	FUNE		23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF PEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	TO F			Kurial March 10, 1968 Fort Lincoln Prince Georg's Co. and
LED -	. EMP	The	24.	CALLED COLOCO VALLA CIDALITATION OF THE PARTY OF THE PART
VR A		11/14		Warner E. Pumphrey, Inc, Silver Spring, Md. DATMAK IV 1966 Charles Judge



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OZOGE
CERTIFICATE OF DEATH

	01002	_ 0:	/ = 1/04				
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R a, STATE) 14 b. COUNTY 42	esidence before admission)				
	Maryland Maryland	116	negonary				
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest 10mm)				
	Darina Park	Jakima Pack	: /				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
	702 Eric apenue	702 E. rie avenue	YES NO				
3.	NAME OF First Middle	Last 4. DATE Month	Day Year				
	(Type or print) VILLIAM Trancis-	STEWAYT ST. DEATH March	17 19 66				
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		1 YEAR IFUNDER 24 HRS.				
1	Might Widowed Divorced Queq. 9, 1900 Last birthday) Months Days Hours Min.						
	u. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR this goost of working life, even if retired) UNDUSTRY		ITIZEN OF WHAT				
Z	ing most of working life, even if retired) ANDUSTRY AND C. Robert Copt.	The york	DUNTRY2				
13.		14. MOTHER'S MAIDEN NAME	4				
	William B. Steuner	mary D. M. Bried	é				
15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	3/ \				
	No 060-204571 1	MD. Exar Lorise Blewart (4	ame (12)				
	18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH				
Ш	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) On gration	heart failure, Ehome	Jan Men				
	DUE TO TO	- A A					
	Cenditions, If any, which	his hear descent	14/20				
	gave rise to immediate		2				
	cause (a), stating the underlying cause last. (c) Carlon llvc.						
No	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	(TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2)	19. WAS AUTOPSY PERFORMED?				
CAT	Bladder tus	mont, e	YES NO				
1111	20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part I or Part II of Item 18.	1 1-1				
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONCENTIBLE HOW INJURY OCCION CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL		ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)				
120	Hour a.m. While Not While p.m. 19 at work at work	ory, street, office bidg., etc.)					
	21. I certify that (I) (this hospital) attended the deceased from	1/4/ 1963 to 3/17/ 196	4. that (I) (we) last				
		t death occurred at 4.34 M, from the causes and on t					
	22a. SIGNATURE	22b. D	ATRY SIGNED				
	M. M. Wolchow M.	D. PHYS. MED. STAFF DIRECTOR PHYS. D	117/66				
	22c. PHYSICIAN'S PARTIES PARTI						
	Hame (1996) Chas M. VVOLOHINI	1401 Dlaw 18 1115	24				
23a	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23g NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)						
Billia (Specify) March 19. 1966 Kock Creek Cimetry Wachington. LCC							
24. FUNERAL DIRECTOR ADDRESS Sa. REC'D BY REGISTRAR 230. REGISTRAR'S SIGNATURE							
16	Mutualiatus, 254 Carral (M. N. W. Wash 40 TouMAR 21 1968 Judge						
/							

VR AI5 (4) 20M 1/65



TO FUNERAL DIRECTOR, After this certificate has been signed by the attenning physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any axent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

OF THE AMERICAL PRESENCE AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF THE AMERICAL PRESENCE OF DEATH

1) 4 0 5

	(12(10))					
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, 11 institution: Residence before admission) a. STATE b. COUNTY					
MONTECMER / MARYLAND	B. STATE MIAN SEAVED b. COUNTY MONT GOMERY					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town					
SILVER SPRING 26 hours	SILVED SPRING					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE ON A FARM?					
HOLY CROSS HOSPITAL	1718 DUBLIN DR. YES NO					
3. NAME OF First Middle	Last 4. DATE Month Day Year					
(Type or print) HLICE LOUISE	STOKES DEATH MARCH 16 1966					
5. SEX 6. COLOR OR RACE WMARRIED NEVER MARRIED 8	OATE/OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.					
Pe ala WIDOWED DIVORGED	5/19/82 Past Dirthday) Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
Horotex of On Hore	No 1023 Cit. 11 1					
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME					
Scrtings vi. Grancer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Stize Thosport Estella Hare					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT L718 WYKK Dublin Drie					
No None 0,5-10-9691 190h						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Domanlews 2 days					
33/X DUE TO Q. O	04-50					
Genditions, if any, which (b) leiling	allering years					
gave rise to Immediate (cause (a), stating the DUE TO						
underlying cause last. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTORSY PERFORMED?					
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUTNOT RELATED TO THE PARTIE OF CAUSE OF CAU	YES NO DY					
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of injury in Part I or Part II of Item 18.)					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	E OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
ZOC. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLAC Hour a.m. While at work at work	y, street, office bidg., etc.)					
21. I certify that (I) (this hospital) attended the deceased from	0 0 1 1 10 0 to 1/1/1 10 (that III (wa) last					
	death occurred at 12 to the causes and on the date stated above.					
22a. SIGNATURE)	22b. DATE SIGNED					
M.D.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.					
#20. PMYSICIAN'S NAME (Type)	22d. ADDRESS					
NAME (Type)	10620 Yearan Ull sight shi					
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) /(Staje)					
REMOVAL (Specify)	ton, Pour Dala d No York					
24. FUNERAL OIRECTOR Clark & Wigner 1 ADDRESS 252. REC'D BY REGISTRAR 250 RECISTRAR'S SIGNATURE						
higher & Paunhage Due Silver Sprice.	MAR 21 1966 fillarles Judge					

VR A15 (4) 20M L/65

Film Q 463 9-5-	- 73				
DOCUMENTS ACCEPTED AS SUPPORTING EVIDENCE					
Africe Isranger mail (Ngry York) mail 5/19/82 detad 7/11/66	To change mothers make name from \$1120 Theat and to \$5 talls 11018 To change from to				
Evidence returned	7/5 19 23 by MM				

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executed within 24 hours after death, TO HOSPITAL OR ATTENDING PHYSICING: The law requirem that the death certificate Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please emove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	04096	,	CERTIFICA	TE OF DE	EATH		()	4086
1.	PLACE OF DEATH a. CDUNTY					deceased lived, If institu		before admission)
	Mo	intgomeri	MARYLANI	a. STATE	Marylan	d b. CDUNTY	Montgo	mery
	b. CITY OR TOWN ((if outside corporate lim id give nearest town)	its, c. LENGTH OF STAY IN		OWN (If outside o	corporate limits, write	RURAL and giv	ve nearest town)
	Cabin	lohn	Uenra	Cab	in John		4	
	d. NAME OF HOSPI	TAL OR INSTITUTION (IF	not in hospitai, give street addre	ss) d. STREET AL	DRESS		0	ON A FARM?
	6542 802	th St		6542	80th St		v	YES ND
3.	NAME OF DECEASED (Type or print)	First	Middle m_{ullet} . $ au_{ullet}$	Last	4. DAT OF DEA	ma	le le	1966
5.		COLOR OR RACE 7. M	IARRIED T NEVER MARRIED	8. DATE OF BI	RTH			IF UNDER 24 HRS.
	Male		IDOWED DIVORCED	March 3		65 yrs.	onths Days	Kours Min.
10 du	a. USUAL DCCUPATIDI ring most of working	N (Give kind of work done life, even if retired)	INDUSTRY		***	ate, or foreign country)	12. CITIZEN COUNTRY	7_
10	Caretaker FATHER'S NAME		Royal Carlock		mery, Ma		u.s.	A
13	Atwell	Tarmon			'S MAIDEN NAME			
					Butler			
1; (Y	5. WAS DECEASED EVE es _t not or unknown) (1	R IN U.S. ARMED FORCES f yes give war or dates of servi	(e) 000 15 2150	7. INFORMANT		Address		land
	ILO		229-10-3130	Rebecca U	. Tarmon	6542 80th	i St Ca	binJohn
			se per line for (a), (b), and (c).		1 . 0			RVAL BETWEEN
		H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Chronic a	eur 1	acle	ire	01	rionli
	Facuo	DUE TO	^ V	y- //	0	7 1.1.		
	Conditions, If any		Irlenusch	work	alar	1 disco	ue y	euro
	gave rise to Im	\ mile 20					0	
	underlying cause I							
NO	PART II. OTHER SIG		DNTRIBUTING TO DEATH BUT NOT F	ELATED TO THE TER	MINAL DISEASE CO	ONDITION GIVEN IN PAI	RT 1(a) 19.	WAS AUTDPSY PERFORMED?
CA	1	ulmano	in emply	pen	a.		YE	
RTIF	20a. ACCIDENT WA	AS UNDERLYING TO CAUSE OF DEATH Y MEDICAL EXAMINER)	20b/ DESCRIBE HOW INJURY O	CCURRED. (Enter n	ature of injury in	Part I or Part II of II	em 18.)	
CE	(IF EITHER, NOTIF	Y MEDICAL EXAMINER)						
CAI	20c. TIME OF INJ	URY Month, Day, Year	5.	PLACE OF INJURY (Factory, street, office		. (City or town)	(County)	(State)
MEDI	р.п.	19	While Not While at work				. 11	
	21. I certify t	hat (I) (this hospital)	attended the deceased from.	12-13	T. 1942 1	otel 15	1900 th	at (I) (we) last
		esed alive on Tela		that death occurr	ed at 645 M	from the causes an	d on the date	stated above.
	22a, SIGNATURE	00000	1			2	2b. DATE SIG	
		i r ryta	ud	M.D. PHYS.	DIRECTOR	PHYS. 3	7-66	20016
	22c. PHYSICIAN'S NAME (Type		LAND	4400 -4	LAWST NI	W Woolu	uglen	De
23	a. BURIAL, CREMAT REMOVAL (Specif	Fa A Company		ERY OR CREMATOR		LOCATION (City, town	1 14	(State)
	BUNERAL DIRECT	3-4-1900	Flint Hi			Jakton		iginia_
20	. FUNERAL DIRECT	UK	ADDRESS	23	5a. REC'D BY RE	GISTRAR 25b. REGI	sirar's signi	AIUKE
	Penhagn Fi	inenal Home	Falla Chunch	ITa Di	MAHK 2	1956 1000	LA AM	7

Pearson Funeral Home Falls Church Va

VR A15 (4) 20M I/65



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> AI5 (4) A I/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	0	_								17 000	170	6
1.	PLACE DF DEAT					2. USUAL RESIDENCE a. STATE MARYLAN		leceased lived, If Inst b. COUN	TY		fore adm	issien)
	MONTGO	N (if outside corpora	to limits	ND N 1b	C. CITY OR TOWN (If o			ITGOME		naarast	town)	
	write RURAL	and give nearest toy	vn)	N AD	_	Jutaino ct	Aporato illinto, mi	ILO IVOIDAL I	ing Sito :	1001036	torray	
_	OLNEY	SPITAL OR INSTITUTION	(mana)	OLNEY d. STREET ADDRESS					n Beall	FNOE		
					116223					0.	S RESII DN A FA	RM7
_	MONTGO	MERY GENER	AL HOSP	ITAL		Box 167				YES	. <u> </u>	io 🗌
3.	NAME DF DECEASED	Fi	irst	Middle		Last	4. DATI			Day	Year	
	(Type or print)		TTIE	ESTELLE		TAYLOR	DEAT		-	7	19 6	6
5.	SEX	6. COLDR OR RACE	7. MARRIED	NEVER MARRIED		. DATE OF BIRTH	1	AGE (In years last birthday)			UNDER:	Min.
F	EMALE	NEGRO	WIDOWED	DIVORCED		6-17-88		77 yrs.	MOTION	Days F	10015	MIII.
10a	USUAL OCCUPAT	IDN (Give kind of work ing life, even if retire	done 10b. K	IND OF BUSINESS OR		11. BIRTHPLACE (Con	unty & Sta	te, or foreign country		TIZEN OF UNTRY?	TAHW	
	RETIRED	ing into, croii ji retije	11			MARYLAND				ISA		
13.	FATHER'S NAM	E				14. MOTHER'S MAIDE	EN NAME					
	AGUSTUS	Соок				ANNIE D	ENT					
15	. WAS DECEASED	EVER IN U.S. ARMED FO	DRCES? 16.	SOCIAL SECURITY NO.	17.	INFDRMANT		Addres	S			
(10	NO		or service)			HOSPITAL RE	CORDS					
1	18. CAUSE DF	DEATH [Enter only on	e cause per li	ne for (a), (b), and (c).	j	4	\			INTERV	AL BETY	VEEN
- 1		EATH WAS CAUSED BY	. 1	10 Co	-14	sometive L	-nav	L Folly	10	ONSET	AND DI	EATH
-1	210	IMMEDIATE CAUSE	40	OFT	7 4 3C	1007 110	1501	1 1 9 (1)		110	71	
- 1	Conditions, If	DUE anv. which \	1 1	-KMC4A	Λ	Llangeala	~·	,		1/20	2/5	
	gave rise to	Immediate ((b)	03.1010	-	there sale					74.4	
-1	cause (a), stating the DUE TO DI abelian Chinacal terror (Chinacal)											
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY											
₹	Chronic Prelone phritis, Severe YES 17 NO 1											
Ĕŀ	2Da. ACCIDENT	WAS LINDERLYING	1 20b. E		OCCU	RRED. (Enter nature of		Part 1 or Part II of	f Item 18.)	1	<u> </u>	<u>~ П</u>
CERI	OR CONTRIBUTI (IF EITHER, NO	NG □ CAUSE OF DEA FIFY MEDICAL EXAMI	TH NER)		0000	Street france meeting at	,,					
2		INJURY Month, Day,			e. PLA(E OF INJURY (Home, far y, street, office bldg., etc	m, 20f.	(City or town)	(Coun	ity)	(St	ate)
MEDI	Hour a.r		While at work	Not While	100500	Mor odel aurea profest de		-1.	11	1		
-	21. I certif	y that (!) (this hos	eitail attende	ed the deceased from	m	. 19	45. to	517	19	that	(I) (we) last
		ceased Tive en	211			death occurred a8:1	MAM, f	rom the causes	and on th			
	22a. SIGNATUI	SE 33	X	1		<u> </u>			22b. DA	TE SIGNI	ED	
			125	who	M.D.	ATTENDING M	IED. IRECTOR	STAFF PHYS.	3-17	-66		
Į	22c. PHYSICIA NAME (T)	N'S (pe) CHARLES	H. LI	GON M D.		22d. ADDRESS						
	TEAME (1)	PET CHARLES) [] • [. [.	GON, M.D.		MEDICAL C	ENTER	OLNEY,	MARYL	AND		
23a	BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF CEM	ETERY	OR CREMATORY	23d. J	QCATION (City, to	wn or cour	nty	(Sta	te)
	DUKI	761 1041	1166	Sharost	Yee	Temeler			Spy	1179	1	10.
24	FUNERAL DIRE			ADDRESS 4	cK	25a. REC'	BY REG	ISTRAR 25b. RE	GISTRAR'S	SIGNATI	URE	,
-	- enge	. 1.	man	du		mul DATAR	23	1966 PC	liante	- Cer	ins	
-						1/1/11	10 1	1000 /			-	



TO HOTELY OR NITERIENCE ENVIRORM: The law ringulars that the leath certificate lie executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

and completely filled in by the funeral femove carbon papers. Pages 1 and 2 gay event, within 72 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plysician, director, page 3 should be detached for use as the burial-transit permit. Then place is should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the state of the state o

4

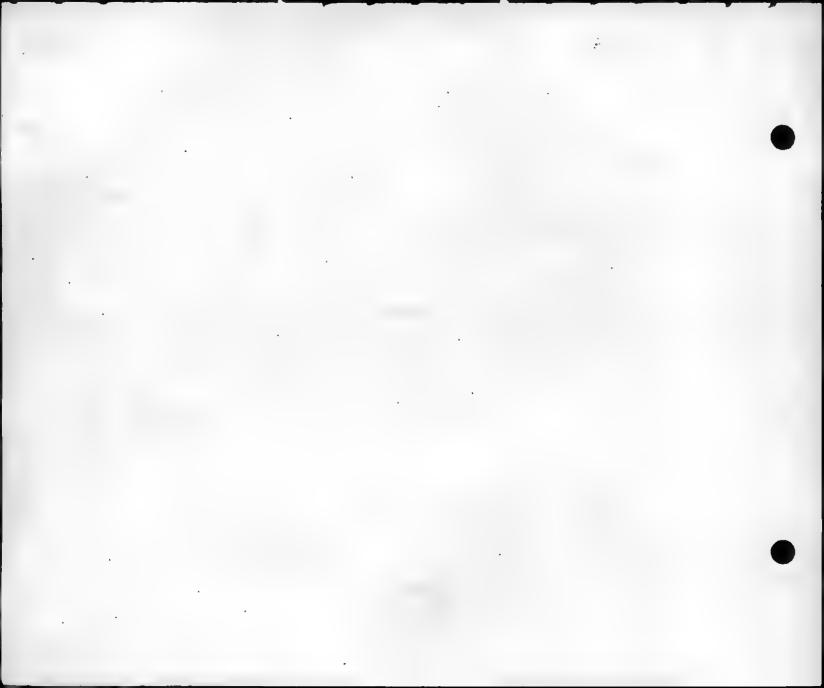
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	The state of the s	The second secon							
1,	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY							
	MONTGOMERY MARYLAND	MARYLON MONT							
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	TRKOMA PARK JMOSDANS	FAKO SILVER SPRING 1:1							
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?							
	WASHANGTON SAN 9 HOSP	331 VIERLING DRIVE YES NO							
3.	NAME OF First Middle OECEASED	Last 4. DATE Month Oay Year							
	(Type or print) ETELIE NOWE /	IEDESCHI DEATH 3 25 1966							
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO	8. DATE OF BIRTH 9. AGE (In years IFUNOER 1 YEAR IFUNDER 24 HRS. last birthday) Months Oays Hours Min.							
	WIDOWEO DIVORCEO	12.3.89 76 yrs.							
LQa lur	. USUAL OCCUPATION (Give kind of work done Industry) Ing, most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	REMARD SCULPTER	ITALY USA							
13.	FATHER'S NAME	14. MOTHER'S MAJOEN NAME							
	FREDERICK PICHETTI	HUGUSTA Jadenche.							
	. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. s, no, or unknown) ((If yes give war or dates of service)	INFORMANT Address							
	NONE	HOSD KECORDS							
Ī	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND GEATH							
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GASTCA INTEST	nal bleeding 24 Hours							
	5.810 OUE TO								
	Conditions, If any, which \ m = 520h > 903 (Varice <								
	gave rise to Immediate cause (a), stating the OUE TO	1 .							
إ	underlying cause last. (c) 1177,0313 67	LIVEL URRHOWN.							
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT NOT RELA	ITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?							
E E		YES 🔀 NO 🗌							
RI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of injury in Part 1 or Part II of Item 18.)							
S	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
CAL	facto	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)							
O L	Hour a.m. While Not While p.m. 19 at work at work	5.59 att aust attitum ming. 9 600.7							
_	21. I certify that (I) (this hospital) attended the deceased from	12/23 , 1965 , to 3/25 , 1966 , that (1) (we) last							
		death occurred at M. from the causes and on the date stated above.							
	22a. SIGNATURE OF A OIN 1	22b. DATE SIGNED							
	Shat Jelson M.C								
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS							
	JIUTIKI L. TYELSON.	1831 ANIVERSITY DING FRITZE							
23a	REMOVAL (Specify) 23b. OATE THEREOF 23c NAME OF CEMETERY	dR CREMATORY 23d. LOCATION (City, town of county) (State)							
	Durine 3-24-1966 St. Michael	For property of the property of							
24	FUNERAL OIRECTOR 1 254 Carrolf 55. 75. C	252. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
10	William Wallets 10 petinoton Sol 70	012 OHAR 29 1966 July Judge							

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH buriat, crematian, or remaval, and in any event, within 72 hours after death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) COUNTY CITY OR TOWN (I outside torparate limits, write, RBRAL and give nearest town) MARYLAND CITY OR ICAN (If auts de corporate limits, write RURAL and give nearest John) c LENGTH OF STAY IN 15 thesda d. STREET ADDRESS papers. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address IS RESIDENCE ON A FARM? YES NO 3 NAME OF DECEASED Middle 4. DATE Manth Lost Day remove carbon OF DEATH 16 march 0502 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 6 COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7. MARRIED last birthday) Days Months Hours Colored DIVORCED WIDOWED 10g US_AL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY attending physician permit. Then please MARY LAND GACONER 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Robert Thompson Lavinia Unknown S WAS DECEASED EVER IN U.S. ARMED FORCES?
[Yes, no, ar unknown] [(If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17 INFORMANT Address 34035 Kempore Red 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART | DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) 6000 **DUE TO** Conditions, if any, which gove rise to immediate couse (o), DUE TO stating the underlying couse prior to WAS ALTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) USe director, page 3 shauld be detached for use should be filed with the State Dept. of Health YES 🗔 NO 20a ACCIDENT WAS UNDERLYING ... 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Haur o.m. Nat While foctory, street, office bldg., etc.) ot wark L at wark 2). I certify that (I) (this hospital) attended the deceased from many 1965, 1966, and that death occurred at _, 19 (de, to Oworld / S, 1965, that (1) (we) lost sow the deceased alive on Overel M, from couses and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) MONIGOME 23a. BURIAL CREMATION DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) MCR4 ROVE EMO RU

TO FUNERAL DIRECTOR: After this certificate has Page 4 may

be retained

be executed within 24 naurs after death.

filled

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signed !

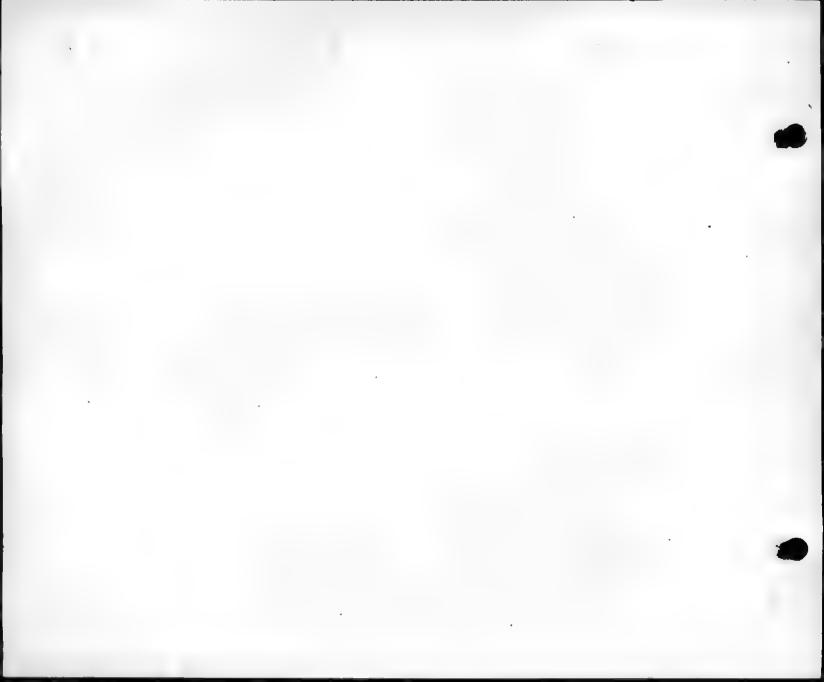
VR A15 (4) 20 M 1/66

24- FUNERAL DIRECTOR

ADDRESS

2So. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital II attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 stands be detached for use an time burial-timisit mermit. Then please principle carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after thanks.

Brus. ADDRES:

		MARYLANI	D STATE DEP	ARTM	ENT UF I	HEALTH			
DIVISION OF	STATISTICAL	RESEARCH /	AND RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE	1, MARYL	AND
07400		0.1	COTICIOATE	0.5	DC 1211			1 A	15 1

	04109	CERTIFICATE	E OF DEATH		04090
1.	PLACE OF DEATH a, COUNTY		2. USUAL RESIDENCE (Where	deceased lived, If institution: R	esidence before admission)
	Montgomery	MARYLAND	a. STATE	b. COUNTY	D. Genrale
_	D. CITY DR TDWN off outside corporate limits	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If Jutside c	orporate limits, write RURAL	and give nearest (own)
Ample	Take may far k	1dn 14/hr	Bladensb	11 10	é s
-	d. NAME OF HOSPITAL OR INSTITUTION (if not I	n hospital, give street address)	d. STREET ADDRESS	219	B. IS RESIDENCE
U	lashington San. + 1	Hospital	5601 Sprin	og Rd.	ON A FARM?
3.	NAME OF FIRST	Middle	Last 4. DAT	Month	Day Year
	(Type or print) Chester	John lin	Kelenberg DEA		7 1966
5.	SEX 6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (in years IFUNDER last birthday) Months	1 YEAR IF UNDER 24 HRS Days Hours Min.
1	hale White WIDOW	ED DIVORCED	3-3-24	42 yrs.	Days Hours Ham.
1Da	a. USUAL OCCUPATION (Give kind of work done 10) ring most of working life, even if retired)	NIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Sta		ITIZEN OF WHAT
P	lata Processing A	ir Prod. Chem.	Ohio	,	Amer.
13			14. MOTHER'S MAIDEN NAME		
-	Casper Tinkeles	2 berge	Gertrude.	N'Neil	
	. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT HOS DITAL	Recordediress 7	a Koma Mrk
(11	es, no, or unkown) (If yes give war or dates of service)	Unknown 11	lach: noten Son	4 Necaital	md.
	18. CAUSE OF DEATH (Enter only one cause p	er line for (a), (b), and (c).]	4-11-119 VIII	· /c cpricoj	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	1 that wet	, It waste	6"	ONSET AND DEATH
	IMMEDIATE CAUSE (a)			, 1	6 10 m
	Conditions, If any, which \	ged gnowl	our he seems	Lun Silver	Thican
	gave rise to immediate)		. , +	0,102.20
	cause (a), stating the DUE TO underlying cause last.	- yet 1 1	1 11 17 11	In have	
No	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
CERTIFICATION					PERFORMED?
Ħ	2Da. ACCIDENT WAS UNDERLYING ☐ 20b	DESCRIBE HOW INTURY OCCU	RRED. (Enter nature of injury in	Part I or Part II of Item 18	
ERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. BEJORIDE HOW HOOK! GOOD!	MILLE. (Eliter flatare of injury in	EBIL FOI FOIL II OF SCOTT TO	•,
		d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm,) 20f.	(City or town) (Cor	inty) (State)
MEDICAL	0	ile Not While	y, street, office bldg., etc.)	(City of town) (Cot	(01010)
볼		vork at work			
	21. I certify that (I) (this hospital) atte		, 19 =, ti	, ,	
	saw the deceased alive on/	/19 - 0 and that	death occurred at M, 1	from the causes and on t	
	22a. SIGNATURE	4 1 1 /	ATTENDING - MED.	- STAFF - Tra	ATE SIGNED
	22c, PHYSICIAN'S	, y M.D.	PHYS. MI DIRECTOR	PHYS. MER	8-66
	NAME (Type)	16 6 - 17	SOS Hirskin	g Rr. Jelier	Joung Ded
23	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY 23d.	LOCATION (City, town or co	unty) (State)
	Burial Mar. 10-1966		ional Ar		inia
24	Summon Brus.	ADDRESS		ISTRAR 25b REGISTRAR	'S SIGNATURE
S	inmons Bros. 1661-Good H	ope Rd SE Wash	DC DWAR 9	1966 Joliane	Judge

VR A15 (4) 20M 1/65



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duri 14 13.

15. (Ye

MEDICAL

death. and

funeral and 2

	EPARTMENT OF HEALTH DS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND TE OF DEATH							
PLACE OF DEATH a, CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY							
Montgo er MARYLAND	New York Green Co							
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 1- DAY	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Caro 69-3							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	ON A EADMY							
Holy Cross Hospital	P.O. 30× 43 YES □ NO 1							
NAME OF First Middle OECEASED	Last 4. DATE Month Day Year							
(Type or print)	Trach DEATH March 15 19 66							
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.							
The sale Thite WIDOWED DIVORCED Tan 1 , 1890 TE yrs.								
USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
0.142 rife our home	Kuncaru 11.5.1.							
FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
John Kemper	Anna Kuhn							
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Characteristics Address (https://www.no.gov.unkown) ((If yes give war or dates of service)								
A1	George H. Sucker J. D. Boxing To 11.							
18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH							
PART I. DEATH WAS CAUSED BY: Myocardial infarc	ction 1 week_							
4 ° DUE TO								
Conditions, If any, which) (b) Coronary atherosclerosis								

gave rise to Immediate stating underlying cause last. CERTIFICATION Diabetes mellitus

DUE TD KNOW ON OUR WAR TO THE TOTAL OF THE TOTAL OF

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

9. WAS AUTOPSY PERFORMED? YES X NO 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part i or Part i) of item 18.)

20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED

20f. (City or town) (County)

(State)

Hour a.m. 19 p.m. 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on.

23b.

Not While at work While at work

23c.

February and that death occurred at 11

ATTENDING PHYS.

X

ADDRESS

to March :5M. From the causes and on the date stated above. 22b. MED. DIRECTOR

DATE SIGNED 3-16-66

19.66

PHYSICIAN'S NAME (Type)

SIGNATURE

22d.

M.D.

NAME OF CEMETERY OR CREMATORY

8 dos and LOCATION (City, town or county)

BURIAL, CREMATION, REMOVAL (Specify) FUNERAL DIRECTOR

DATE THEREDE

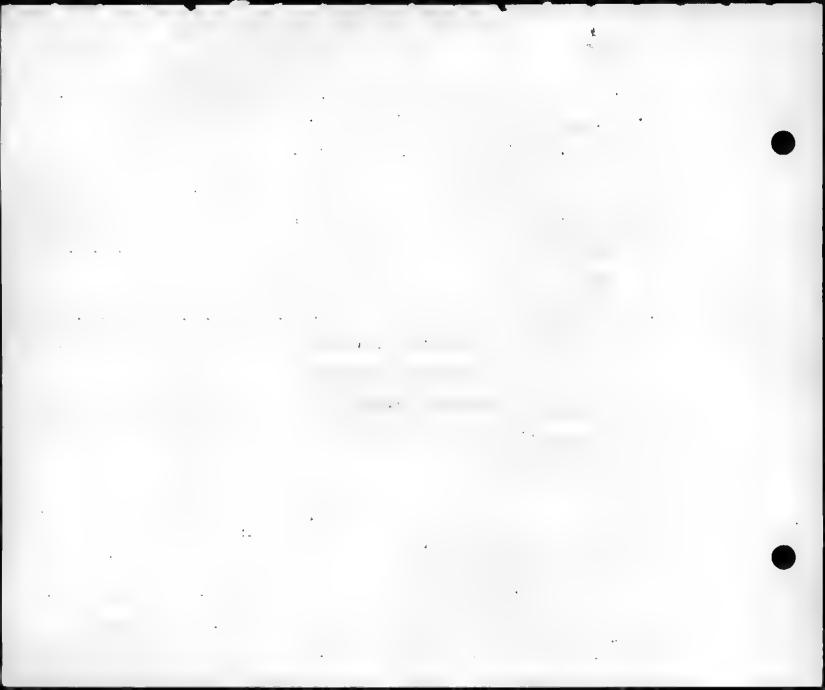
REC'D BY REGISTRAR 25b.

519 66

REGISTRAR'S SIGNATURE

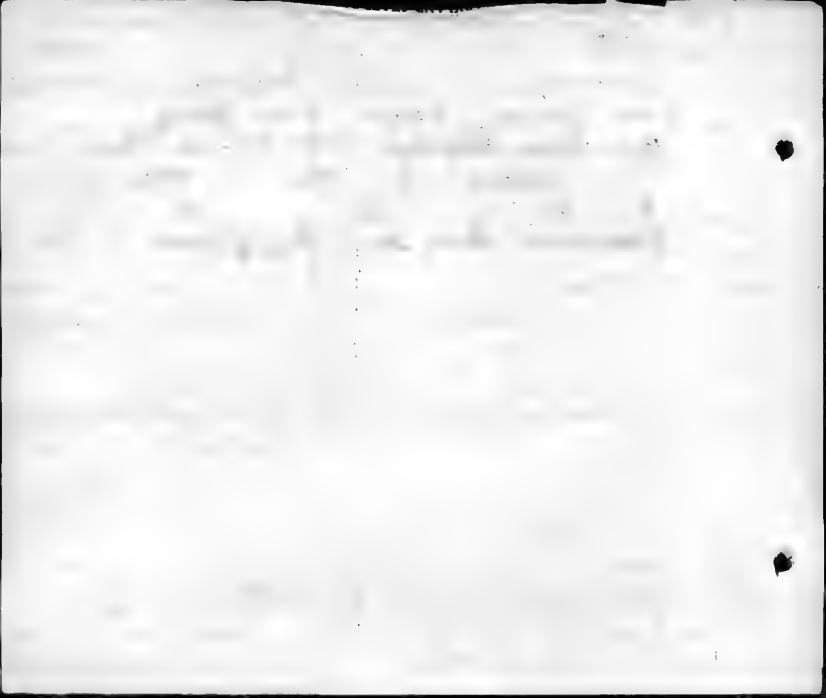
exacuted within 24 hours after death. to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and property filled in by the f director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after and the pletely filled in PHYSTEIAN: The law requires that the death certificate lie Page 4 may be retained by the hospital or attending physician. ATTENDING MOSPITAL

VR AI5 (4) 20M 1/65



1/1/	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
R STATE	04102 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04092	
LTH DEPT.	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before edm	ission)
vour files.	MONTGOMERY MARYLAND MARYLAND MONTGOMER	y
iii iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	7
death.	d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS 1 0. IS RESID	ENCE
	HOLY CRASS HOSDITAL 10501 MALONE STEEF YESTING	ARMZ
Stal	NAME OF First Middle Last 14, DATE Month Day Yang	, ICI
Pour	(Type or print) I SABELLE L. TROY DEATH MARCH 4 196	6
72	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24	HRS.
季 / ·	WIDOWED DIVORCED STATE OF THE STATE WAS AS W	
1	lone diffing most of working life, even if retired)	HTERTS
1	3. FATHER'S NAME	_
	Samuel Barnes Victoria Milyger	2
	S. WAS DECEASED EVER IN U.S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANY (es, no, or unknown) [Ryesgive were references]	7
	18. CAUSE OF DEATH [Enter only one souse per line for [a], (b), end (c).]	C EN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Subarachnoid hemorrhage due to	TH
or remova	DUETO	
	Conditions, if env. which to ruptured aneurysm, anterior communicating	
	geve rise to immediate cause (a), stating the underlying DUE TO	
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a); 19. WAS AUTO	OPSY
NOTA DISTANCE	PERFORM YES NO	ED?
- FEE	20b. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Ste Hour e.m. While Not While	to)
3	04 7 114 114 114 114 114 114 114 114 114	ios
	death resulted from: Natural causes X. Accident Suicide . Homicide . Undetermined manner	TOF
	1 7 00 CHIEF MEDICAL EXAMINER	
	ACTURE SIGNATURE ACCULENT ACCOUNTS ASSISTANT MEDICAL EXAMINER DATE SIGNE	D
	EXAMINER'S BELDEN R. READMD DAGGERS OF MANCE 9 1966	
2	te. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMPTRY OR CREMATORY 22d. LOCATION (City, lown, or ecupy) (Siete)	-
	Prival March 12, 1961 Dry Hul Cemetry Mountary Penna.	
	ADDRESS 246. REC'D BY REGISTRAR 24% REGISTRAR'S SIGNATURE	
X	with racing, 254 carren min - MAR 14 19561 in rarles Judge	
	• 0	

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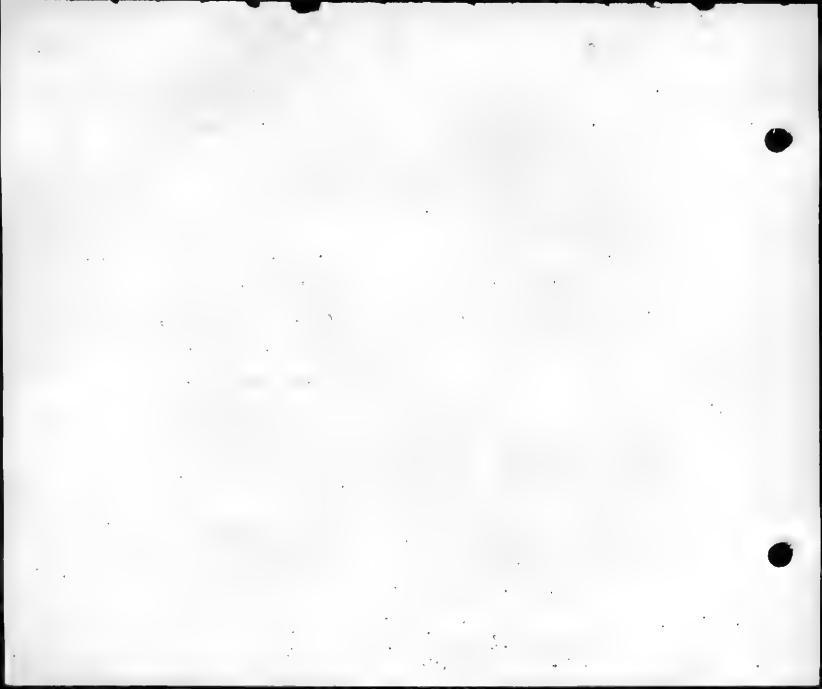


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH

=			0 0 0 2
1.	PLACE OF DEATH 3 COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution; Ri a. STATE b. COUNTY /	esidence before admission)
1	b. CITY OR TOWN At outside corporate limits, c. LENGTH OF STAY IN 1b write RURAY and give nearest town.	c. CITY OR TOWN (If outside corporate limits, write RURAL	and also nearest town)
١.			and give hearest termy
2	d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
j	airland Nursing Home	9312 PINEY BRANCH Rd.	ON A FARM?
3.	NAME DF DECEASED FIRST TRANSPORT	Last 4. BATE Month	Oay Year
5.	(Type or print) / + odie / XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	LUCREY DEATH / /arch	8 1966
3.	MARKIEU NEVER MARKIEU	8. DATE OF BIRTH 9. AGE (In years IF UNDER Last birthday) Months	Oays Hours Min.
102	UNIAL OCCUPATION (Give kind of work done 10b, KINO OF BUSINESS OR	P. D. 17, 1886 80 yrs.	
dur	ing most of working life, even if retired) INOUSTRY	CO	TIZEN OF WHAT UNTRY?
13	founewite own home	Lebanon, Kentucky 11.	S.A
20.	Stal of Pilal		
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Mary Short	
(Ye	s, no, or unkown) [(If yes give war of dates of service)]	4404 Haerona Ko	7d
-		hur R. Ducker Adelphi, Maryla	- N
П	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	4	ONSET AND DEATH
Н	IMMEDIATE CAUSE (a)	/ homerons	
Ш	Conditions If you which I	7	
ш	gave rise to Immediate (b)	Choseleron	
	cause (a), stating the OUE TO		
2	underlying cause last. (c)		
120	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?
12			YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 1 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RREO. (Enter nature of Injury In Part I or Part II of Item 18.)	
CAL		CE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
MEDICAL	Hour a.m. While Not While at work at work	ry, street, office bldg., etc.)	
2	21. I certify that (I) (this hospital) attended the deceased from	1965 to 3-8 196	6, that (I) (we) last
		death occurred at 6.15 AM, from the causes and on the	e date stated above.
	22a. SIGNATURE		TE SIGNED
	Motor Cts chiles	ATTENDING DIRECTOR DISTAFF DIRECTOR PHYS. 3-	8-66
	22c. PHYSICIAN'S NAME (Type) A A Lt- L 16 - M)	22d. ADDRESS	1 Silver
	MIDFIOG A 175c miller	7205-New Hayshiel	me sping
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR GREMATORY 23d. LOCATION (City, town or cou	nty) (State)
2/1		emetery Suitland Maryla	elcharine -
(4.	John Homes 8134 4004	igia Hije	SIGNATURE
18	"noner E. AXXX Pumphrey, Inc. Silver So	ring. BAMAR 10 1956 Icharle	n wedge

THE FULLEAL MINICIAES. After this cartificate as standard by the attending physician and completely filled in my the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cathon papers. Pages 1 and a should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death, :Page 4 may be retained by the hospital or attending physician.

VR A15 20M I 5 (4) 1/65



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fungash director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after distriction.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICA	AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIN	
941 94	CERTIFICATE OF DEATH	-04093

	0-000
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 8. STATE 6. SOUNTY
	MARYLAND Maryland Minigernery
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF write RURAL and pive nearest town)	STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RUPAL end give nearest town)
XILLIA XIRING 76	DAYS Selver Spring ;1
d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give st	reer address) d. STREET ADDRESS. On A FARM?
Holy Cross Hespie	al 12613 Climent Pti VES NO X
3. NAME DF DECEASED (Type or print) JC HV	TUMINARO DEATH Murch 16, 1966
5. SEX 6. COLOR-OR BACE 7. MARRIED NEVER MA	ARRIED 8. DATE OF BIRTH 9. AGE (In years if UNDER 1 YEAR) IF UNDER 24 HRS. ORCED 79 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINE during most of working life, even if retired) INDUSTRY	SS OR 11, BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT
'etized owner Grocery &	Filling ITALY COUNTRY!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gelice Turinaro	Unknomn
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURI (Yes, no, or unknown) (If yes give war or dates of service)	- humana cold Const Street
No Nove 192-12-77	
18. CAUSE DF DEATH [Enter only one cause per line for (a) (b),	and Co. 1 INTERVAL BETWEEN DISET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Congestive Heart Tailure
DUE TO C	0 /4: 1/. 1/ 0:
Cenditions, If any, which \ (b) (\langle Cores	derote Heart Disease
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
	BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW BY CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMENT YES NO
20a, ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW	INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURR	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURR Hour a.m. p.m. 19 While at work at work	factory, street, office bidg., etc.)
21. I certify that (i) (this hospital) attended the decea	sed from Capril, 1965, to 3 -16, 1966, that (1) (2) last
saw the deceased alive on Much 15 19676	2, and that death occurred atM, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 3 - 16 1911
/ Lelden / (/ tea	M.D. PHYS. DIRECTOR PHYS. 1 0 76 7766
BIAME CYPEN EN R. REAL	D.M.D. 22d. ADDRESS Caten MC.
	OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) March 19, 1966 Gotes	
24. FUNERAL DIRECTOR CLOSER CHINAS 117 ADDRES	O MGA 3 710 110 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
"mappe (. Prenhany, Jan. Silyo	Spring, Ad. John 2 1 1966 Milanley Jusque

VR A15 (4) 20M 1/65



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

04095

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nd nd]	PLACE OF DEATH						Where deceased lived, if inst		ence befare admis	sian)/
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Page			Write RURAL and	Lgive negrest tawn)				•				
م د 10 م				AL OR INSTITUTION (If no	it in hospital o	nue street address)		d. STREET ADDRESS		F.	I a IS RE	SIDENCE
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₹ pg ×			NAME OF DECEASED	1	rst	M.ddle		last	OF	lanth		Year .
hpletely filled e carban pape event, within 7.		-	(Type or print)		ra	P.		all	DEATH Marc		14)	66 FR 24 HRS
\$ \$ \$		٥.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH	9 AGE (In year last birthday 76 yr.	Months 7		-
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ian			Housewi	fe		me		Arizona		J	JSA	
ysi of plan			FATHER S NAME		•			14. MOTHER'S MAIDEN	NAME			
는 He A		1	Washing	ton Irvin	g Perr	v		Saral	n Magee			
ling ren		15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	OCIAL SECURITY NO.	17. 1	FORMANT	3207 No	den amr	oton St	- NW
ar Tit		{Y:	es, na, ar unkrawn) No	(If yes give war at dates a		lone	1.	ura Ingra	am Washing	on D	C	, , ,
signed by the attending physician and carbon pletely filled in by the funeral burial-transit permit. Then please heave carbon papers. Pages I and 2 burial, crematian, ar remayal, and in any event, within 72 haurs after death.		-		ATH (Enter anly ane cau					ALL TOURSESSES		INTERVAL B	ETWEEN
the mod			PART DEAT	TH WAS CAUSED BY:			2 0	Fright of	int.		ONSET AND	DEATH
cre if y			450	IMMEDIATE CAUSE	TO	angren		0	44		3we	-KJ
ial,			Canditions, if any,	, which gave)	(b)	Avter	102	derosis			Years	
			rise ta immediat	e cause (a), DUE		/34.1.		4			1	
sen the			stating the under	riving cause	(c)							
has been see as the			PART II. OTHER SI	GNIFICANT CONDITIONS C		O DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(a)		19. WAS AL PERFOR	TOPSY
the state		CERTIFICATION	}	Ceret		Thro			tildemipho		PERFOR YES	MED?
or L	5	ā	20a ACCIDENT WAS						Part I or Part II of item 185		1 10 []	110 123
at the second		ERT	OR CONTRIBUTING	CAUSE OF DEATH	200.01	CKIBE HOW HISOKY OF	tomes.	Enter trainers or injury in	1 007 1 001 1 007 1 07 01 11000 100			
F fre				MEDICAL EXAMINER)	204 IV	JURY OCCURRED	20a DI AC	E OF INJURY (Hame, farm	n. 20f (City or town	1 . (6)	aunty)	(State)
this et a		MEDICAL	Hour a.r	JRY Month, Day, Year n.	While	Nat While		ry, street, affice bldg., etc.		, (c.	201411	(Note)
e d		2:	p.r		at wark			2 11	0/03 44 /	10	/ / / / / /	
d b			21. I certi	fy that (I) (this has	pital) attend	led the deceased	Iram J	une 11	1965 ta March 522AM, from caus	<u>17</u> , 19	Y (a) that (I)	(we) last
S a f					March	73 19 66, 0	nd that	death accurred at	3 -AM, from cous			ed abave.
N STATE			22a. SIGNATURE	P1-00	X	-00		ATTENDING PHYS.	MED STAFF		DATE SIGNED	1.
Die G	- ,		OR PUNCTERALIS	Laked !	7/10-	y and	M.D	PHYS. ADDRESS	DIRECTOR PHYS.	U _>	-17-4	10
P P P	/		22c. PHYSICIAN'S NAME (Type	Rahero	FB /	tavell	MD	. 220. AUUKESS	16 Nebr	neka	Avo '	DC.
TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior to				110001	VII					-V/	1977	, , ,
3 Dan 100 Da			BURIAL CREMATIC			23c. NAME OF CEME			23d. LOCATION (City of		(County)	(State)
5.0	0				00	<u> </u>		Cremator	,		Md.	
VR A15 (4) 20 M 1/66	M	24	FUNERAL DIRECTO			ADDRESS	343			REGISTRAR'S		
20 M 1/66	4 /		Kobert	A. Pumph	rev l	Bethesda.	Md	DATE A	7 1 6 1986	Mary	Per Juda	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04096

1. PLACE OF DEATH 2. COUNTY MONT COUNTY MARY LAND LOUNTY MONT COUNTY MONT COUN		DETAIL)		CERTIFICA	IE UI	DEATE	TI.				UIL	100	/
Montgomery b. city or rown (if outside corporate limits, write rural and give nearest town) b. city or rown (if outside corporate limits, write rural and give nearest town) Bethesda d. Name of Hospital or Institution (if not in bospital, give street address) d. Name of Hospital or Institution (if not in bospital, give street address) The Clinical Center, Bethesda, Md. 20014 BETHESDAME OF First Middle Clinical Center, Bethesda, Md. 20014 BEX 94 BEX	1.	PLACE OF DEATH	1			2. US	UAL RESIDEN	CE (When	e deceas			Residence	before at	lmission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Eethesda d. NAME OF DESPITAL OR INSTITUTION (if not in hospital, give street address) The Clinical Center, Bethesda, Md. 2001. Bethesda d. NAME OF DECEASED (Type or print) Francies None) S. SEX Female Negro Widowed Divorced		Monto	omerv		MADVIAND	a.	STATE West.	Virai	nia		ITY			~
Bethesda 1.5 days Glen Jean Glen Jean Glen Herritan		b. CITY OR TOW	N (if outside corporate lin	nits,		c. CIT					ite RURA	and glv	e neares	t town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) The Clinical Center, Bethesda, Md. 20014 Box 94 First Middle Valentine Dear March 1 19 66 S. SEX 6. COLOR OR RACE 7. MARRIED NOVORCED 11 January 1927 S. DATE OF BIRTH 9. ACE (in years Infunoral Year) 1966 S. SEX 6. COLOR OR RACE 7. MARRIED NOVORCED 11 January 1927 To a usual occupation close kind of workage life, even if retired 10. Kindlo of Business Or III. BIRTHPLACE (County & State, or foreign country) Cafeteria worker Restaurant Alabama 13. FATHER'S NAME Frank Lowe 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ver, mo, or underline) (Iftyes the war of dates of service) Was per line for (a), (b), and (c). The Clinical Center, Bethesda, Md. 20014 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). Probable pelvic thrombi 36 hours Conditions, If any, which (b) Probable pelvic thrombi 50 days Squame is to Immediate cause (a). Stating the Underlying cause last. (c) Conditions, If any, which (b) Probable pelvic thrombi 50 days Squame is to Immediate Cause (a). Stating the Underlying cause last. (c) Conditions, If any, which (b) 200. Describe HOW Insured Part II of Team 18.) Squame is to Immediate Cause (b) Probable pelvic thrombi 50 days Squame is to Immediate Cause (c) Massive pulmonary emboli 50 days Squame is to Immediate Cause (c) Massive pulmonary emboli 50 days Squame is to Immediate Cause (c) Massive pulmonary emboli 70 death Business (constitution of Control Center) 8 days Squame is to Immediate Cause (c) Probable pelvic thrombi 60 days (c) and (c) of Center (c)					15 daws		Glon	Tonn				7		5
The Clinical Center, Bethesda, Md. 20014 Box 94 ONA FARM? FEST OF BECASED (Type or print) Francies (None) Valentine Box 94 Valentine DEATH Month Day Year 1 1966 S. SEX FORMALE T. MARRIED NEVER MARRIED BOX DEATH Month DOWNED DIVORCED DIVORCED 11 January 1927 103. USUAL DECEMBER Very INV. S. ACE (Development of State, or foreign country) ON ON A FARM? FERMALE Negro WIDOWED DIVORCED 11 January 1927 104. USUAL DECEMBER Very INV. S. ACE (Development of State, or foreign country) ON ON A FARM? FERMALE Negro WIDOWED DIVORCED 11 January 1927 Alabama 12. CHITIZEN OF WHAT COUNTRY USA 13. FARM? SAME Frank Lowe 15. WAS DECEMBER VER INV.S. ARMED FORCES? (Yes, mo, or unknown) (If yes pine war or dates of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record (Yes, mo, or unknown) The Clinical Center, Bethesda, Md. 20014 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Massive pulmonary emboli DUE TO Conditions, It any, which gave rise to immediate cause (a). stating the underlying cause last. DUE TO Conditions, It any, which gave rise to immediate cause (a). Stating the underlying cause last. DUE TO Conditions, It any, which gave rise to Immediate Cause (a). Stating the underlying cause last. DUE TO Conditions, It any, which gave rise to Immediate Cause (a). Stating the UTO Conditions, It any, which gave rise to Immediate Cause (a). Stating the UTO Conditions, It any, which gave rise to Immediate Cause (a). Stating the UTO Conditions, It any, which gave rise to Immediate Cause (a). Stating the UTO Conditions, It any, which gave rise to Immediate Cause (a). Stating the UTO Conditions, It any, which gave rise to Immediate Cause (a). Stating the UTO Conditions, It any, which gave rise to Immediate Cause (a). Stating the UTO Conditions, It any, which (b) Conditions, It any, which (c) Conditions, It any, which (b) Conditions, It any, which (c) Conditions, It any, which (d) Conditions, It any, which (e) Conditions, It any, which (f) Conditions, It any, which (h) Conditions, It any, w				not in bo	spital, give street address	d, STF						. 0	. IS RES	IDENCE
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No Unknown The Clinical Center, Bethesda, Md. 20014								-						
No Unknown The Clinical Center, Bethesda, Md. 20014	15 (Ye	. WAS DECEASED! s. no. er unkown)	EVER IN U.S. ARMED FORCE: [(If yes give war or dates of serv	S? 16. : ice)	SOCIAL SECURITY NO. 17	. INFORM	ant The	Medic	al	Record	55			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. DUE TO Post operative status total pelvic exenteration Squamous cell cancer of cervix and pseudomucinous cystadenoma of OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CONDITIONS CONTRIBUTING TO DEATH BUT NOTRELATED JOTHETERMINAL DISEASE CONDUTIONGIVEN IN PART I(a) PERFORMER? YES X NO TO COUNT BUTTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTIONS OF					nknown T	he Cl	inical	Cente	er,	Bethesc	la ,Md	. 20	014	
PART II. DEATH WAS CAUSED BY: (a) Massive pulmonary emboli Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONIS UNINDERLYING SQUARMOUS CELL CANCET OF CETVIX and pseudomucinous cystadenoma of SQUARMOUS CELL CANCET OF CETVIX and pseudomucinous cystadenoma of Ovary YES X NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 21. I certify that (K (this hospital) attended the deceased from February 14, 19 66, to March 1, 19 66, that (K (we) last saw the deceased alive on March 1 19 66, and that death occurred at 9:10M, from the causes and on the date stated above.		18. CAUSE DF	DEATH (Enter only one can	ıse per li	ne for (a), (b), and (c).]							INTE	ET AND	TWEEN
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO Post operative status total pelvic exenteration Part il. other significant conditions contributing to Death but not related jo the terminal disease condition given in part 1(a) Part il. other significant conditions contributing to Death but not related jo the terminal disease condition given in part 1(a) Part il. other significant conditions contributing to Death but not related jo the terminal disease condition given in part 1(a) Part il. other significant conditions contributing to Death but not related jo the terminal disease condition given in part 1(a) Part il. other significant conditions contributing to Death but not related to Death grand pseudomucinous cystadenoma of ovary Performed? Yes X NO County Out of Injury Month, Day, Year 20d. Injury Occurred factory, street, office bidg., etc.) Part il. other injury in Part I or Part II of Item 18.) To death a month of Injury Month, Day, Year 20d. Injury Occurred at Month of Injury In Part I or Part II of Item 18.) Out of Injury Month, Day, Year 20d. Injury Occurred at Month of Injury In Part I or Part II of Item 18.) Out of Injury Month, Day, Year 20d. Injury Occurred at Month of Injury Inju		PART I. DE	ATH WAS CAUSED BY:	Mas	sive pulmona	ry em	ooli					36	hou	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PARTILI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTINGTO DEATH BUT NOT RELATED JO THE TERMINAL DISEASE CONDITIONGIVEN IN PART 1(a) PROTITION THER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED JO THE TERMINAL DISEASE CONDITIONGIVEN IN PART 1(a) PROTITION THER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED JO THE TERMINAL DISEASE CONDITIONGIVEN IN PART 1(a) PROTITION THE SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED JO THE TERMINAL DISEASE CONDITIONGIVEN IN PART 1(a) PROTITION THE SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED JO THE TERMINAL DISEASE CONDITIONGIVEN IN PART 1(a) PROTITION THE SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED JO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PROTITION THE SIGNIFICANT CONDITION TO THE SIGNIFICANT		6: 1												
gave rise to Immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDUTIONG IVEN IN PART I(a) PERFORMED? YES X NO 20. ACCIDENT WAS UNDERLYING COVARY YES X NO OR CONTRIBUTION COLUMN		Cenditions, If	any which \	Pro	obable pelvic	thro	nbi					5	day	S
Post operative status total pelvic exenteration 8 days			Immediate (, ,			-	
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Squamous cell cancer of cervix and pseudomucinous cystadenoma of ovary ovary 20a. Accident was underlying cause of Death (IF Either, Notify Medical Examiner) 20b. Describe how injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 20c. Time of injury Month, Day, Year of 20d. Injury occurred 20e. Place of injury (home, farm, factory, street, office bldg., etc.) 21. I certify that (IK (this hospital) attended the deceased from February 14, 19 66, to March 1, 19 66, that (IK (we) last saw the deceased alive on March 1 19 66, and that death occurred at 9:10M, from the causes and on the date stated above. 22a. SIGNATURE			tating the	Post	operative st	atus	total p	elvic	ex ex	enterat	tion	8	day	S
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 21. I certify that (K (this hospital) attended the deceased from February 14, 19 66, to March 1, 19 66, that (K (we) last saw the deceased alive on March 1, and that death occurred at 9:10M, from the causes and on the date stated above.	õ	PART II. OTHER S		ONTRIBU	TING TO DEATH BUT NOT RE	LATEDJO	HE TERMINAL	DISEASE	CONDU	TION GIVEN IN	PART 1(a)	19.		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 21. I certify that (K (this hospital) attended the deceased from February 14, 19 66, to March 1, 19 66, that (K (we) last saw the deceased alive on March 1, and that death occurred at 9:10M, from the causes and on the date stated above.	CAT	Squamo	us cell cance	r ol	cervix and p	seudo	nucinou	s cys	stad			YE		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 21. I certify that (K (this hospital) attended the deceased from February 14, 19 66, to March 1, 19 66, that (K (we) last saw the deceased alive on March 1, and that death occurred at 9:10M, from the causes and on the date stated above.	115	20a. ACCIDENT	WAS UNDERLYING	20b. E	ESCRIBE HOW INJURY OC	CURRED. (inter nature o	of injury I	In Part			3.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 21. I certify that (K (this hospital) attended the deceased from February 14, 19 66, to March 1, 19 66, that (K (we) last saw the deceased alive on March 1, and that death occurred at 9:10M, from the causes and on the date stated above.	CER	OR CONTRIBUTI	ING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)											
21. I certify that (K (this hospital) attended the deceased from February 14, 19 66, to March 1, 19 66, that (K (we) last saw the deceased alive on March 1 19 66, and that death occurred at 9:10M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED					JURY OCCURRED 20e. P	LACE OF I	JURY (Home, f		of. (Ci	ty or town)	(Co	unty)	(3	state)
21. I certify that (K (this hospital) attended the deceased from February 14, 19 66, to March 1, 19 66, that (K (we) last saw the deceased alive on March 1 19 66, and that death occurred at 9:10M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED	9			While	Not while []	tory, stree	t, office bldg.,	etc.)						
saw the deceased alive on March 1 1966, and that death occurred at 9:10M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED	Σ					Fohren	2007 1/ .	10 66	e M	arch 7	10	66 11	-4 /DC /-	deal face
22a. SIGNATURE 2. A AM 22b. DATE SIGNED			11.		ed the deceased from	rebru	ary LA,	9.10	to_P1	ALCII I	, 19_	oo, th	at up u	(e) last
			COUCUE CITTO OIL	CIL	19 00 , and tr	at death	occurred at		1, 170M	the causes	and on	ING DALE	Stateu NFD	anove.
The physical		ZZa. SIGNATUI	0.11	7 7	7.8 %	ATT	ENDING			STAFF TO				6
22c. PHYSICIAN'S 22d. ADDRESS The Clinical Center, National		22c PHYSICIA	IN'S	/	at the s						1			
NAME (Type) Ronald T. ROLLEY, M.D. Institutes of Health, Bethesda, Md.				ROLL	SY . M.D	- Ti	nstitut	es of	r He	alth, E	Sethe	sda,	Md.	O.Z.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)	22.	BUDIAL COEM			3									rate)
REMOVAL (Specify)	_	REMOYAL (Sp	ecify)			ni on ort	araci On t	2.00.						
24. FUNERAL DIRECTOR ADDRESS 1 25a. REC'D BY REGISTRAR 1 25b. REGISTRAR'S SIGNATURE				000			1 25a. RI	EC'D BY R		RAR 25b. R	EGISTRAF	'S SIGN	ATURE	
				B	ethesda, Mai	rvlan		-		98 2	1 toris	2 0	1100	
and the second control of the second control	1	Robert A	1. Pumphrey	B	ethesda, Mai	rylan	DATE	R Z	10	58 /	" Com	70 11	11/22	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decrased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY etely filled in by the further bon papers. Pages 1 s, within 72 hours after d b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b homrs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 6 d. STREET ADDRESS -33 El. Me etely ithin. carbon NAME OF First Middle Last DATE Month DECEASED OF Compl (Type or print) DEATH exmourted DATE OF BIRTH 1878 5. SEX AGE (In years | FUNDER 1 YEAR | FUNDER 24 HRS. | Hours | Min. 6. COLOR OR RACE 7. MARRIED 8. 9. NEVER MARRIED 1 WIDOWED DIVORCED VES 1Da. USUAL OCCUPATION (Cive kind of work done) 1Db. KIND OF BUSINESS OR 11. BERTHPLACE (County & State, or foreign country) 9 during most of working life, even if retired) INDUSTRY and eas Mineral Point. Mis FATHER'S NAME physic death certificate ᅙ remova! 14. MOTHER'S MAIDEN NAME e F WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attend transit permit. cremation, or n 16. SOCIAL SECURITY NO. 17. INFORMAN1 Address (If yes give war or dates of service) Venni Norman ng above Νo Son 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). burial-transit burial, crema PART I. DEATH WAS CAUSED BY the hospital or attending physician. signed IMMEDIATE CAUSE (a) **DUE TO** Conditions, If any, which been gave rise to Immediate has been e as the l DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health certificate WY TCIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part 1 or Part 1) of (tem 18.) detached for the Dept. of F (IF EITHER, NOTIFY MEDICAL EXAMINER) this TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) After Id h MED Hour a.m. While Not While 19 at work at work be retained 計 21. I certify that (I) (this hospital) attended the deceased from shoul DIRECTOR: and that death occurred a PM. from the causes and on the date stated above. 3 sho saw the deceased alive on 22 SICNATURE page ATTENDING M.D. PHYS. DIRECTOR PHYS may TO FUNERAL I PHYSICIAN'S 22d. NAME (Type) Page 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23d. REMOVAL (Specify) Burial Weshington boowne Cemeterv **FUNERAL DIRECTOR** Nallevis Funera Home

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

Year

1966

YES

Day

12. CITIZEN OF WHAT

address

YES

(County)

22b.

INTERVAL BETWEEN

WAS AUTOPSY

PERFORMED?

NO

(State)

(State)

ONSET AND DEATH

COUNTRY?

NO K

DSMITAL VR A15 (4) 20M 1/65 ٩

Œ.

FOR STATE DEPT Department after death. funeral OL IN EXAMINER: This certificate should be executed within 24 hours after death. If any delay certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to could be forwarded to the Chief Medical Examiner's Office along with form PM3. Page Stata hours 2時 with pages in any File permit. i burtal-transit cremation, or used as a to burial, eg. CERTIFICATION 3 should be a CAL MEDI DIRECTOR: Mage or its designated a should files, for your please execute director. Page 4 O DEPUTY MED 6 O FUNERAL of Health of director. retained

Items 18821 Film G376 MARY AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY COUNTY a. STATE CITY OR ROWN (if outside corporate limits, write, RURAL and give apayest town) mon MARYLAND c. CITY OR TOWN (If outside corporate limits, write DURAL and give nearest town) C. LENGTH OF STAY IN 1b oma d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) B. IS RESIDENCE ON A FARM? ulu/er NO Z YES NAME OF 4. DATE Month Day Year DECEASED 2 6 DEATH (Type or print) 19 0 OR RACE SEX 5. COLOR DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED ANEVER MARRIED last birthday) Months Days Hours Min. MIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Driver Transportation-ion ab e l **o**urt a o Mother's Maiden name 13. FATHER'S NAME Charles H. Viohl Ethel Kershaw 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT 108 Schuyler Road (Yes, no. or unknwn) (If yes give war or dates of service) Silver Spring Maruland Catherine Viole 140-10-6929 None No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: insufficiency Acute coronary IMMEDIATE CAUSE (a) DUE TO Conditions, if env. which Coronary artery heart disease (b) gave rise to immediate DUE TO cause (a), stating underlying cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY RER FORMED? NO YES 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH.

20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 19 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Suicide Undetermined manner Accident Homicide death resulted from Natural causes CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL MAMINER **EXAMINER'S** Address (Street, city, lown, or county) NAME (Type) (State) CREMATORY LOCATION (City, town or county) 23а. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) Arlington. Virginia 1966 D 1966 FUNERAL DIRECTOR 25b GISTRAD'S SIGNATURE liarles Huenne Inc.

VR ATSME (5) 5M 1/65

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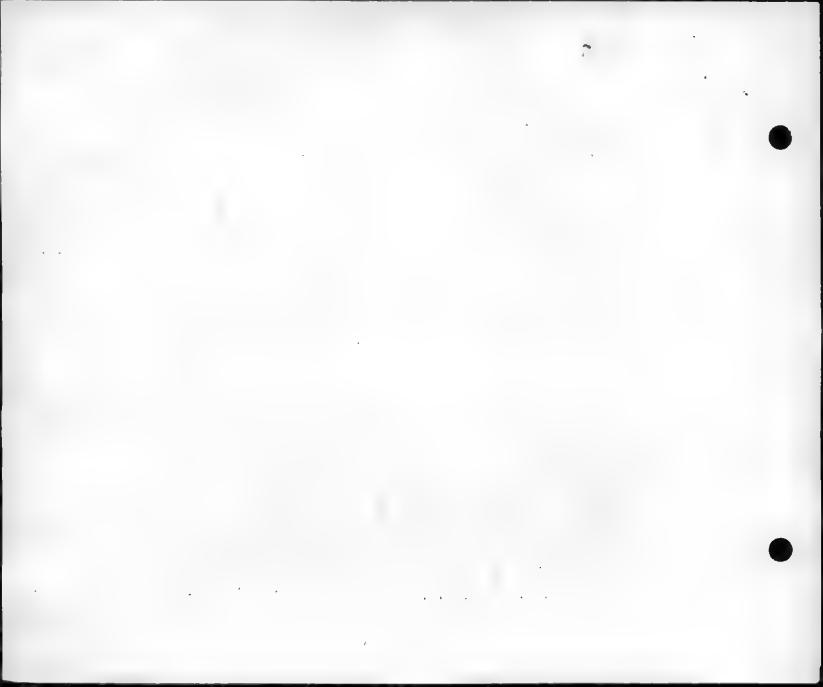


		04109	3	tems .	CERTI	FICATE	OF DEATH	3/16/66	'mh	() (taq	113	
×		PLACE OF DEATH o. COUNTY Montgomery MARYLAND					2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o STATE - Georgia b. COUNTY						
	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			c. LENGTH OF STAY IN 16		c. CITY OR YOWN (If or	stside corporate	limits, write RL	IRAL and give	neorest	town)	
	write RURAL ond give negrest town) Betheeda (Rural)				44 days		Brunswi	ck		39			
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) U. S. Naval Hospital					d STREET ADDRESS				e. IS RESIDENCE ON A FARM?			
6						806 Wolf Street				YES NO 🖸			
		NAME OF	Fil	rst	Middle		Lost	4. DATE	Mon	ith	Doy	Year	
	_ {	DECEASED (Type or print)	Ric	chard	Michae	1	WACKER	OF DEATH	Marc		8	196	
	5 5	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRI		B DATE OF BIRTH		AGE (In years lost birthday)	Months Months		Hours 1	24 HR Min
/		M	Cauc	WIDOWED	DIVORC	ED 🔲 N	ovember 23,	19(5	yrs.	3	Days I3	110013	HUIT.
	100 USUAL OCCUPATION (Give kind of work done during most of working the even if retired) 10b KIND OF BLS NESS OR NDUSTRY 11. BIRTHPLACE (County & State, or foreign country) Georgia						12 CITIZEN OF WHAT COUNTRY?						
	13.	. FATHER'S NAME					14 MOTHER'S MAIDEN NAME						
		Richard	William Wa	acker			Elizabeth	Adkin	S				
	15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO		NFORMANT			runswi			
	(Te	is, no of unknown)	(If yes give wor or dotes of	r service)	none	Mr	s. Elizabet	h Adki:	ns, 806	Wolf	Stre	et/	
4		PART I. DEAI 49 Conditions, if ony rise to immediat stating the under	e couse (o), (DUE	(o) Bro	r (o), (b), ond (c)) onchopenum	onia_						RVAL BETW FT AND DE	
2	NOUN	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO [
	MEDICAL CERTIFICATION	20a ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY	SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. D	ESCRIBE HOW INJURY	OCCURRED.	Enter noture of injury in	Port 1 or Port	Il of item 1B.)		`		
	MEDICA	Hour o.r p.r	n. 19	While at wo	rk 🔲 ot work 🗀] foct	E OF INJURY (Home, form ory, street, office bldg , etc.)	(City or town)		inty)	,	tote)
21. I certify that (1) (this haspital) attended the deceased from Jan. 22 , 1966, to March 8 , 1965 saw the deceased alive an March 8 , 1966, and that death accurred at 600A M, from causes and an i									<u>8</u> , 19 <u>6</u>	6, the	zt (t) (v	ve) le	
									fram causes				aba
		220. SIGNATURE	AM	que		M.I		MED. DIRECTOR	STAFF PHYS.		ATE SIGNE	196	6
1		22c. PHYSICIAN'S NAME (Type)	1	ynch,	M.D.		U.S. Na				eda,	Md.	
	230	BURIAL, CREMATIC		66		iswich			ATION (City or To Shunswi		(County)	(Sto	ote) rgi
		. FUNERAL DIRECTO			ROCADINISA I			D BY REGISTRA		FGISTRAR'S SI			
	Ту	rson Whee	ler Funeral	L Home	,1331 East	Mont	gomery 6MAR	11 18	366 80	learle	y Ju	del	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with the State Dept. af Health prior to burial, cremation, ar remaval, and in gry even, within 72 hours after dash Page 4 may be retained by the haspital ar attending physician.

LIG



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE DEATH OF funeral and 2 death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, Il institution: Residence hefore admission) a. COUNTY b. COUNTY rbon papers. Pages 1 strain 72 hours after d ontgomera Jaryla MARYLAND b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Hark akoma d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 24 within letely Pour NAME DE 3. DECEASED OF event, comple ve car Wadman (Type or print) \mathbf{F} . DEATH executed SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HR\$ 8. OATE OF BIRTH 9. 7. MARRIED NEVER MARRIED last birthday) attending physician and c rmit. Then please removen, n, or removal, and in any Months WIDOWEO 🔀 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) INDUSTRY, 1/1. BIRTHPLACE (County & State, or foreign country) þe tousewife certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME John lott Forsan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attend transit permit. 16. SDCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unkown) ((If yes give war or dates of service) none NO 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b) and (c). been signed by the burial-transit or to burial, crems PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. DUE TO Cenditions, If any, which (b) gavo rise to immediate **OUE TO** cause (a), stating has be as the underlying cause last. FICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE After this certificate he detached for use state Dept. of Health 1 for use Health hospital 208. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW NURY OCCURRED. (Enter nature of injury in Part | or Part |) of item 18.) CERTI MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc. Hour a.m. After Id be d While - Not While p.m. at work at work retained DIRECTOR: Age 3 should led with the S 21. I certify that (I) (this hospital) attended the deceased from saw the deceased-alive on and that death occurred at from the causes and on the date stated above. 22a. SIGNATURE 22b. e e page ATTENDING STAFF M.O. DIRECTOR PHYS PHYS HOSPITAL TO FUNERAL PHYSICIAN'S 22d. AODRESS director, p should be 1 NAME (Type) NAME OF CEMETERY OR SPENCTORY BURIAL, CREMATION, OATE THEREOF LOCATION (City, town or county) 23b./ REMOVAL (Specify) /12/66 Washington Hyattsville, George REC'D BY REGISTRAR 25b. 24. FUNERAL DIRECTOR 25a.

REGISTRAR'S SIGNATURE Francis Gasch's Sons Hyattsville, Maryland

e. IS RESIDENCE ON A FARM?

Year

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMEO? NO Z

(State)

(State)

Md.

1966

Oav

12. CITIZEN OF WHAT COUNTRY?

19.

OATE SIGNED

(County)

United States

NO X

VR A15 (4) 20 M 1/65



TO HOSPITAL

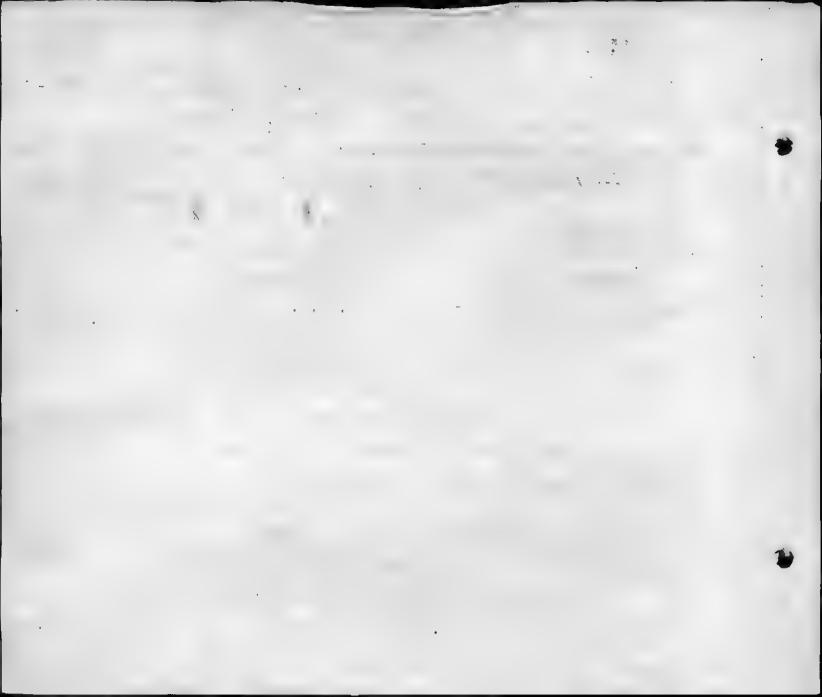
VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 04101 05111

Y 1. E	
-1	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decesed lived, if Institution: Residence before edmission)
	e. STATE M > D. I b. COUNTY A
	MARYLAND MARYLAND MARYLAND MONTGOMER
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) write BURAL and give neerest town)
- 1	DEFHESDA IMO CHEVY CHASE
ı	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), giveystreet eddress! d. STREET ADDRESS
ı	ON A FARM?
	LESMOR JANITARIUM I-ITOSPITAL 4609 DEMUSSEY TWKY YES INOID
	3. NAME OF , First Middle Lost 4. DATE Month Day Your
	(Type or print) ILA DOLELIA K 11/0 DOLEN 2 7 10/4
	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	5. SEX O. COLOR ON RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years in Order 12 Act.) Hours Min.
	WIDOWED 1 - 2% - 1889 1 78 yrs.
•	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHP LE (County & Side, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	dope during most of working [,fe, even if retired)
	HOUSEWIFE WAS HINGTON DE WIS
	13. FATHER'S NAME
	CLAMES KANZE LILIAM.
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1 17. INFORMANT Address
	(Yes, no, or unkown) (fryesgive werordefesofservice)
	No Col. F.B. warder IIII Arlington Blvd.
	18. CAUSE OF DEATH [Enter only one cause per the for (a). (b), and (c)] API in the formal per
	PART I, DEATH WAS CAUSED BY: MARCHAN JACONAN J
	+22/ DUE TO PRINCE OF THE PRIN
	Conditions, if any, which (b) Callet & Vastular attribut
	geve rise to immediate cause
	(e), stelling the underlying of the Underlying of the Underlying and the underlying of the underlying
	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0); 19. WAS AUTOPSY
	PREFORMED?
	₹ YES NO E
	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18)
	OR CONTRIBUTING [] CAUSE OF DEATH THE STATE OF THE STAT
Į	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (Stete) Hour e.m. While Not While fectory, street, office bidg., etc.)
	p.m, 19 el work et work
١	Det all line in the line in th
	saw the deceased alive one of // / /
	226. SIGNATURE 226. DATE SIGNED STAFF 226. DATE SIGNED
	TEMMEN TO COS M.D. PHYS. DIRECTOR PHYS. 17
	22c. PHYSICIAN'S 22d ADDRESS
	NAME (1706) Stoppe of Fillings of Manual Faceta Kilian
ŀ	Medical Linguist Martin
l	23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF SEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (5tate)
	cremation 3/8/66 Ft. Inncoln Crematory Prince Georges County, Md
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258 REC'D BY REGISTRAR 2584 MEDISTRAR'S SIGNATURE
1	77 MAR 8 1966 (CC 27 11/1)
1	The Aff. Henres Co. Mor 14 11.1400. BARBILL

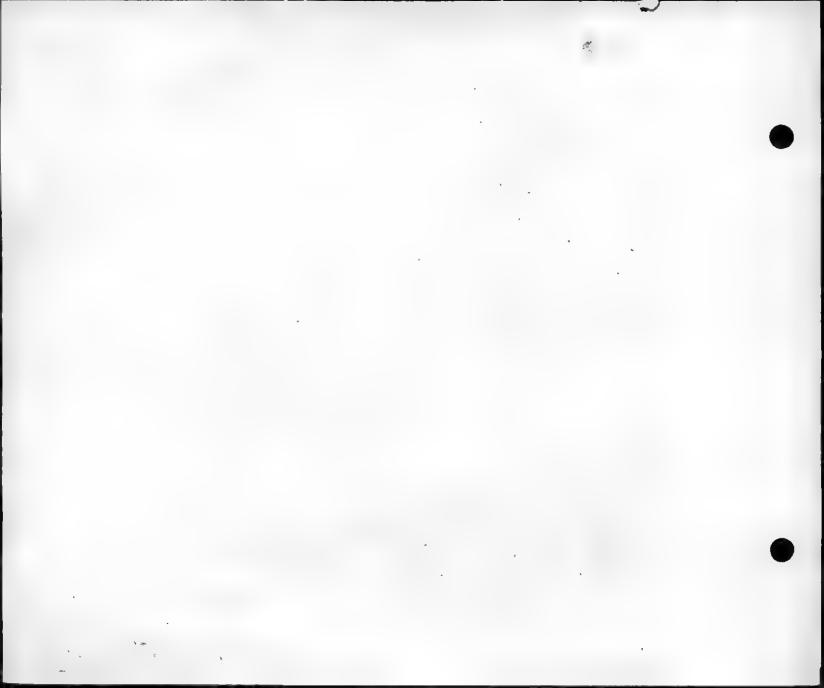


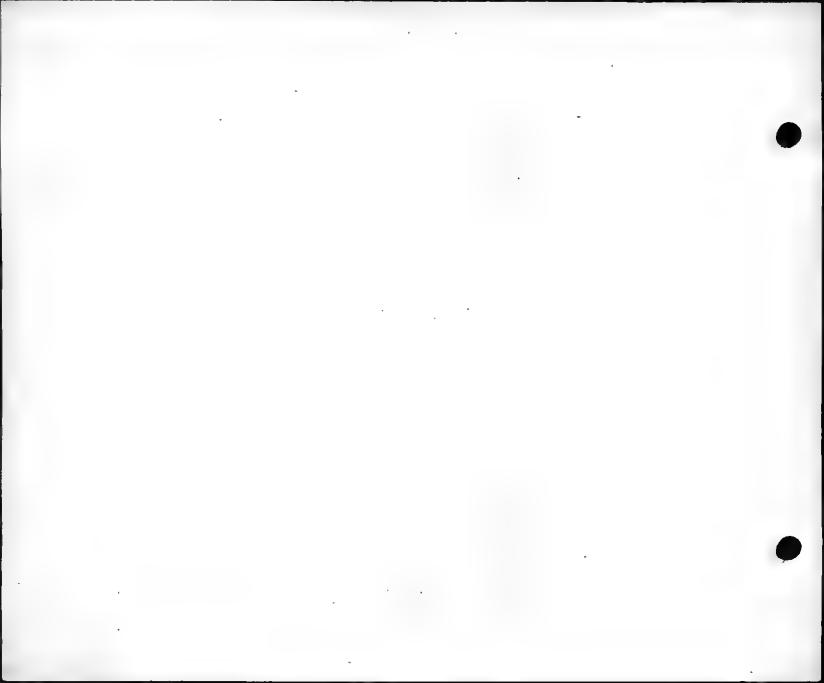
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematon, ar remaval, and in any event, within 72 haurs after death Page 4 may be retained by the haspital mr attending physician.

> VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		CHILA	CERTIFICATE		11/2 102				
		PLACE OF DEATH O. COUNTY Monday	maryland Maryland	2. USUAL RESIDENCE (Where a. STATE	deceased lived, if institution Resid	ence before admission)			
	b	b. CITY OR TOWN (If outside carparate familis, write RURAL and over heares) for	LENGTH OF STAY IN 16	c CITY OR TOWN (If outside	corporate limits, write RURAL and g	rive nearest town)			
	(d NAME OF HOSPITAL OR INSTITUTION (If not in		d STREET ADDRESS	No being	e IS RESIDENCE			
		5'uburb	Tee	11.#2-	150y All	ON A FARM? YES NO			
	- 0	NAME OF DECEASED (Type or print)	Middle 11/2	-/0	DATE Month OF DEATH	Doy Year 19 66.			
	5 S	2 - /	MARRIED NEVER MARRIED 8 VIDOWED DIVORCED	DATE OF BIRTH	9 AGE (In years if UNDI				
		SUAL OCCUPATION (G ve wind af work dane ng most of warking life, even if refired)	10b KIND OF BUSINESS OR ENDUSTRY	11 BIRTHPLACE (Founty & State		COUNTRY?			
	13.	FATHER'S NAME	ashinatox.	14. MOTHER'S MAIDEN NAME	2/1/15.				
	TS (Yes	WAS DECEASED EVERANUS ARMED FORCES? is, na, ar unknown) (If yes give war or dates af sen	VICE) 16. SOCIAL SECURITY NO. 17 IN	NFORMANT	Address	n / wather			
		18. CAUSE OF DEATH (Enter only one couse por PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	er line for (a), (b), and (c)) Pulmonary edema			INTERVAL BETWEEN ONSEL AND DEATH			
		2 days							
		(b) DUE TO							
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Chadnic pyelonephritis							
	CERTIFICATION	20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (I	Enter nature of injury in Port I	or Port II of item 18.)				
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19		CE OF INJURY (Horne, farm, ary, street, affice bldg., etc.)	20f. (City or town) (County) (State)			
		saw the deceased alive on	l) attended the deceased from	deoth occurred of	M, fram causes and on				
	- {	220 SIBNATURE	in mo		STAFF	DATE SIGNED			
		22/ PHYSICIAN'S NAME (Type)		22d ADDRESS					
		BUR AL CREMATION, 23b DATE THEREOI	6		23d LOCATION (City or Town)	(County) (Stote)			
Ì	+	EUNERAL DIRECTOR	ADDRESS ROCK WE	elle 250 RECTO BY R	5 1966 Start	By Judge			





MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04114 igne by the ottending physicion and completely fille in by the funeral burial-transit permit. Then please remove carbon papers. Pages 1 and 5 burial, cremotion, or removal, and in any event, within 72 hours ofter death 2 USUAL RESIDENCE (Where recessed lived, functioning Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY b CITY OR TOWN (If autside corporate lynits IPNOTH OF STAY IN 15 (ITY OR TOWN (If outside comparate limits, write RURA, and give nearest town) write RUNAL and give nearest town) IS RESIDENCE ON A FARM? OR INSTITUTION (If not in haspital, give street address) NO X 3 NAME OF Biddle DATE Manth OF DEATH DECEASED (Type or print) IF UNDER 1 YEAR IE UNDER 24 HRS 9. AGE (In years 7. MARRIED (yast-birthday WIDOWED DIVORCED 12 CITIZEN OF WHAT 10o USEAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired) Cement Finisher INDUSTRY. Retired 13. FATHER'S NAME Unknown NOAH 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) ((Lyes give, war or dates of service) Unknown 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myecardial infarotion IMMEDIATE CAUSE (a) 3 days Coronary arteriescleresis with thrembesis Conditions, if any, which gove Vears rise to immediate couse (a), DUE TO stating the underlying cause **J FUNIRAL DINECTOR:** After this cartificate has balen director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION Diabetes mellitus (8 vears) YES 🙀 NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 200 ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, affice bldg., etc.) Hour o.m. Nat While of work of work 21. I certify that (I) (this haspital), attended the deceased fram_ 1966, that (I) (we) last 1966 _1966, and that death accurred at _____I_M, fram causes and an the date stated above. saw the deceased alive an_ 22a. SIGNATURE DATE SIGNED ATTENDING MED. DIRECTOR M.D PHYS. 22d. ADDRESS 22c. PHYSICIAN'S O FUNIRAL NAME (Type) 10511 Summit Ave mD 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION 23b DATE THEREOF (County) (State) Cedar Grove, Maryland 3-28-66 Salem Meth Church Cem.

The low requires that the deoth certificate be executed within 24 hours ofter death O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or ottending physicion.

VR A15 (4) 20 M 1/66

24 FUNERAL DIRECTOR

ADDRESS Bethesda, Maryland

2Sa. REC'D BY REGISTRAR

2Sb REGISTRAR'S SIGNATURE

" Alice See

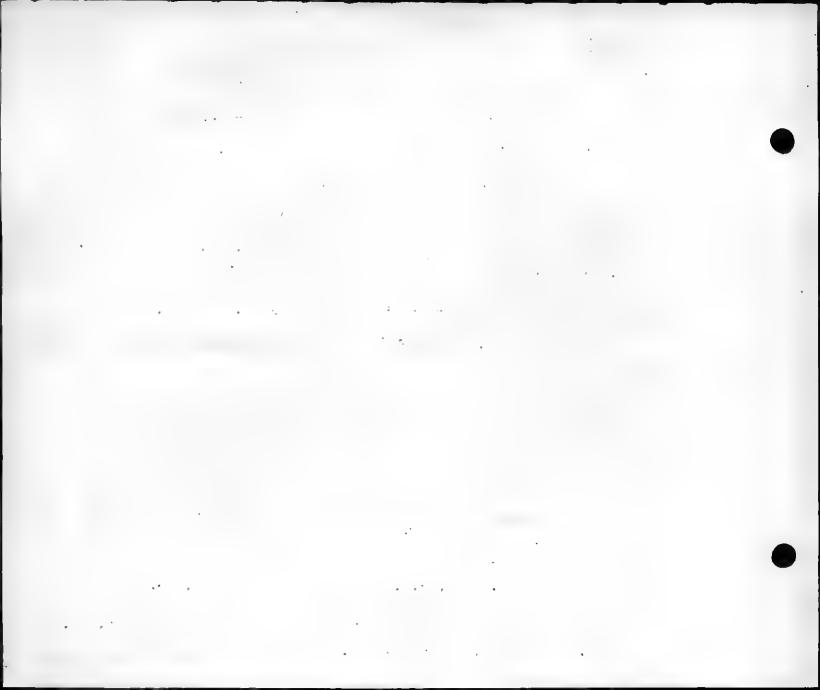
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after weath. Page 4 may be retained by the hospital or attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please reprove before papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in aptrogram, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

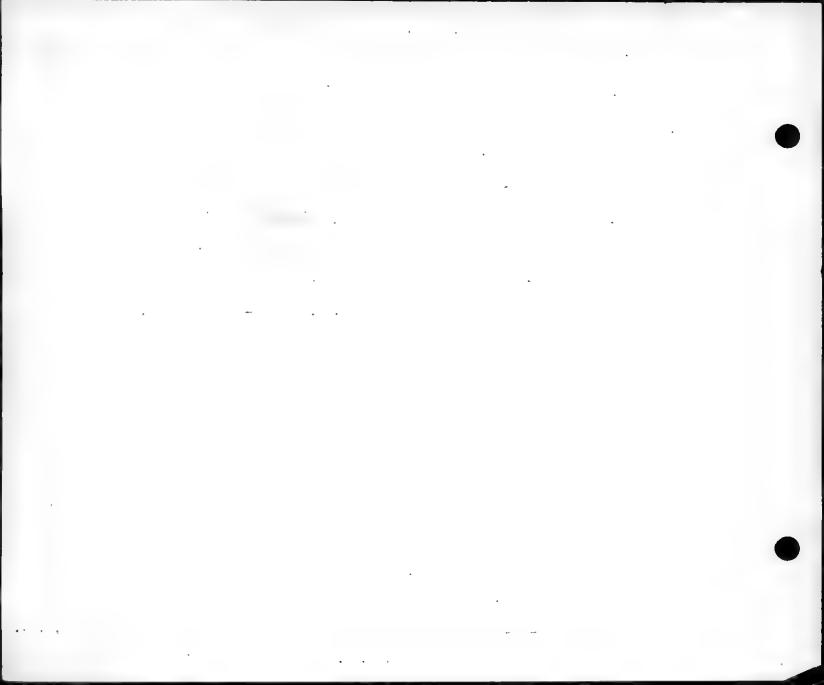
1_	03119	CERTIFICATI	UF DEATH		114 1 65
1.	PLACE OF DEATH a. COUNTY	1			titution: Residence before admission
	Montgomery	MARYLAND	a. STATE Maryl	and b. coun	Montgomery
		LENGTH OF STAY IN 1b			te RURAL and give nearest town)
	Rural - Lewisdale		Rural	- Lewisdale	10-1
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospit	tal, give street address)	d. STREET ADDRESS	<u> </u>	e. IS RESIDENCE
		c 72	Clark	sburg RD # 1	Box 74ES NO
3	NAME OF First	Middle		DATE Month	
	DECEASED		tkins	OF DEATH Mar	
5.	SEX 6. COLOR OR RACE 7. MARRIED X		. DATE OF BIRTH	LO ACE (In Monto I	TELLINED I VEAD HELINDED SA HOS
	Male White WIDOWED	DIVORCED	une 23, 189	I not hiletheless) I'	Months Days Hours Min.
108		OF BUSINESS OR		ty & State, or foreign country)	12. CITIZEN OF WHAT
dur	ing most of working life, even if retired) INDUS	STRY			COUNTRY?
13	Retired farmer		Lewisdade 14. MOTHER'S MAIDEN		USA
	J. Grant Watkins	*	Nettie		
15		IAL SECURITY NO. 17.	INFORMANT	Addres	
(Ŷi	s, no, or unkown) (If yes give war or dates of service);			***************************************	
_			rs Maysie N	. Watkins,	Item 2
	18. CAUSE OF DEATH [Enter only one cause per line f	or (a), (b), and (c).]	0.	1 1:	ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	where	& Cardiar	would dose	es 100hars.
Ш	4221 DUE TO				
Ш	Conditions, If any, which gave rise to Immediate (b)				
	cause (a), stating the DUE TO				
z	underlying cause last.) (c)				
T10	PARTII, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELA	TED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN I	PART 1(a) 19. WAS AUTOPSY PERFORMED?
FICA					YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TO 20b. DESC DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCU	RRED. (Enter nature of In	Jury in Part I or Part II of	[Item 18.)
CAL			E OF INJURY (Home, farm		(County) (State)
MEDICAL	Hour a.m. While at work	Not While at work	y, street, office bldg., etc.	1	
2	21. I certify that (I) (this heapits) attended to		128 106	ok to 3/19	that (I) (العملة) as
	saw the deceased alive on 3/12	19 \(\text{\text{\$\sigma}} \), and that			and on the date stated above
	22a. SIGNATURE	and that	dearly occorred 4	= IN, ITOIL LIE GOOGS	22b. DATE SIGNED
	James J. Kohr	M.D.	ATTENDING ME	D. STAFF PHYS.	3/21/66
	22c. Physician's		22d. ADDRESS	COTON CO FINO.	27 7 7
	NAME (Type) James P. Kerr,	M.D.	Dar	nascus, Md.	
238	BURIAL CREMATION, 23b. DATE THEREOF 23	C. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county) (State)
	Burial 3/22/66 B	Sethesda Met	hodist	Browningsv:	ille. Md.
24	FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
	Olin L. Molesworth, Da	mascus, Md.	DMAR 2	4 1966 ACC	conley Judge
-			,		

VR AI5 (4) 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission g. COUNTY Page and 3 ta σŧ death. MARYEAND delay Department outside carporate limits, write RURAL and que nearest town) (If outside corporate CLENGTH OF STAY IN 16 P.M3 and give neare after d NAME OF HOSPITAL OR d SPREET ADDRESS e S RES DENCE ON A FARM? NSTITUTION (If not in haspital are street oddress) hours in pencil in Item 18. Give Pages 1, State This certificate shauld be executed within 24 hmurs after doubt WITH NAME OF Middle DATE Month Lost Day Year DECEASED OF 9 (Type or print) DEATH 19 Ξ lang SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (n years lget birthdoy). Months 0 WIDOWED DIVORCED Office event 100 USUAL OCCUPATION (Give kind of work done BR' FLACE (State or foreign country) Janc Ob KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? USA during most of working life, even if retired) INDUSTRY Sunberry, Penna. any Chief Medical Examiner's 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME = Insma Weeks File and 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECUR TY NO Address permit. (Yes, na, ar unknown) (If yes a ve war ar dotes of service ar remaval, "pending" R. N. Kesner-College Park, Maryland 18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c)) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple extreme skull fractures with MMED ATE CAUSE (o) please execute the certificate, writing the ward burial, crematian, DUE TO Cand trons, if any, which gave cerebral laceration and hemorrhage. rise to immediate couse (a), farwarded ta DUE TO stoting the underlying couse 0 lost OS nsed PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? NO pe 0 4 shauld be 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port 1 of Item 18.) agent, priar 3 shauld PRIMARY For CONTRIBUTING Deceased child ran into street in front of auto CAL EXAMINER: CALISE OF DEATH fraveling 15 mi ner hour. 20c TIME OF INJURY Month, Doy Year 20e PLACE OF INJURY (Home form NJURY OCCURRED (City or town) (County) (Stote) 3:25 NA foctopy, street, office bldg., etc.) While Not While 1966 may be retained for your FUNERAL DIRECTOR: Page 6 Hyattsville Pr. Geo. Md. Page ot work at wark its designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry [X]. and in my opinion funeral director. death resulted from Natural causes Accident K Suicide | Hamilicide Undefermined manner DEPUTY MEDI CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be TO FUNERAL Health or i necessary, DEPUTY MEDICAL **EXAMINER'S** Address (Street, City-Powing or county) NAME (Type) the 23o BURIAL CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) ((dunty) REMOVAL (Specify)
Burial Rosedale Cemetery Martinsburg Berkeley .W.Va. 3-19-1966 ADDRESS 250 REC D BY REGISTRAR 25b REGISTRAR S S GNATURE FUNERAL DIRECTOR Brown Funeral Home VR A15ME (5) 1966 Martinsburg, W.Va.

Items 18-21 Film G376 5/MaryPanDISTATE DEPARTMENT OF HEALTH

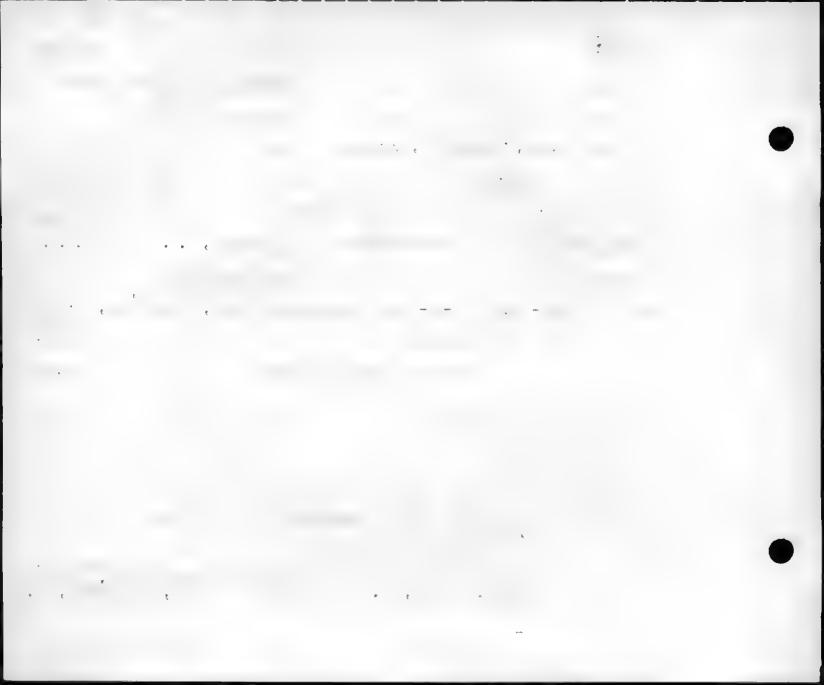


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please seponge carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in the yevent, within 72 hours after deapth. TO ROSPITAL OR ATTENDING PHYSICIAN: The law requires that the Inath certificate be executed within 24 flours after death. Page 4 may be retained by the hospital or attending physician. 2

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
04117
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
Montgomery MARYLAND	a. STATE b. COUNTY Prince Ge	orges
b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Bethesda 166 Days	Bladensburg	*
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	B. IS RESIDENCE ON A FARM?
The Clinical Center, Bethesda 14, Marylan	4700 Upshur Street	YES NO DE
3. NAME DF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) Charles (NMN)	White DEATH March	27 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 last birthday) Months	Oays Hours Min.
Male Negro WIDDWED DIVORCED	3 December 1916 49 yrs. Months	Oays Hours Wills.
10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT
Truck Driver Transportation		U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
(Unknown) White	Birdie Patterson	
15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT The Medical Records,	
Yes 1942 - 1945 577-26-8092 Th	e Clinical Center, Bethesda 14,	Maryland
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia		12 Hours
204/ OUE TO		
Conditions, if any, which (b) Chronic Myelogeno	us Leukemia	4 Years
gave rise to immediate cause (a), stating the DUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICA]		YES XX NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELY 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part or Part of item 18.)	
S 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 1 20f. (City or town) (Cour	nty) (State)
2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor 20d. 20d.	ory, street, office bldg., etc.)	nty) (atato)
21. I certify that () (this hospital) attended the deceased from 12		
	t death occurred atM, from the causes and on th	
22a. SIGNATURE	ATTENDING MED STAFF	ATE SIGNED
Mesty M. Van que M.	O. PHYS. DIRECTOR PHYS. COL 28 M	larch 1966
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS The Clinical Center,	
Wesley M. Vietzke, MD.	Institutes of Health, Bethesd	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Tit Marray Mo	nty) (State)
L Purior Literack LAPTINGTON	Mational Ft. Meyer, Va	
24. FUNERAL DIRECTOR ADDRESS	254 REGISTRAR 250 REGISTRAR'S	S SIGNATURE
FRAZIERS FUNTRAL HOME, WASH, D.C.	APR I 1956 Jelianle) Judge



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY & b CITY OR TOWN (If outs de carparate l'ants)
write RURAL end give neorest town) MARYLAND LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate am ts, write RURAL and give neglest town) CKERSON IS RESIDENCE OR INSTITUTION (If not in hospital, give street address) d STREET ADDREST ON A FARM? YES NO T 3 NAME OF First Middle Lost DATE Month Doy Year DECEASED OF DEATH (Type or print) S. SEX 9. AGE (In years IF UNDER I YEAR A COLOR OR RACE NEVER MARRIED lost birthdoy) Months DIVORCED WIDOWED 10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CIT ZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working the, even if retired) COUNTRY? INDUSTRY 13. FATHER S NAME IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN' Address (Yes, no, or unknown) ((If yes give war or dates of service) CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive heart failure mos IMMEDIATE CAUSE (o). DUF TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? CERTIFICATION YES 🛣 MO 20o. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 20e, PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While at work at work _to Search 16, 1966, that (1) (we) last 2]. I certify that (1) (this haspital) attended the deceased fram from 4, 19. saw the deceased alive and the date stated abave. 220. SIGNATURE 22b DAYÉ SIGNED ATTENDING STAFF PHYS. DIRECTOR M.D. PHYS 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) Rockville, Lincoln Park., 3-18-66 250. REC'D BY REGISTRAR DAMAR 2 1 19 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

ATTINITING PHYILCIAN: The law mauries that the death certificate be executed within 24 havrs after death Page 4 may be retained by the haspital or death.

within 72 haurs after

papers.

removil barban completely

and in any event

burial, crematian, or remaval,

prior ta

director, page 3 shauld be detached far use should be filed with the State Dept. af Health

signed by

filled in I

TO FUNERAL DIRECTOR: After this certificate has been VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

041	19

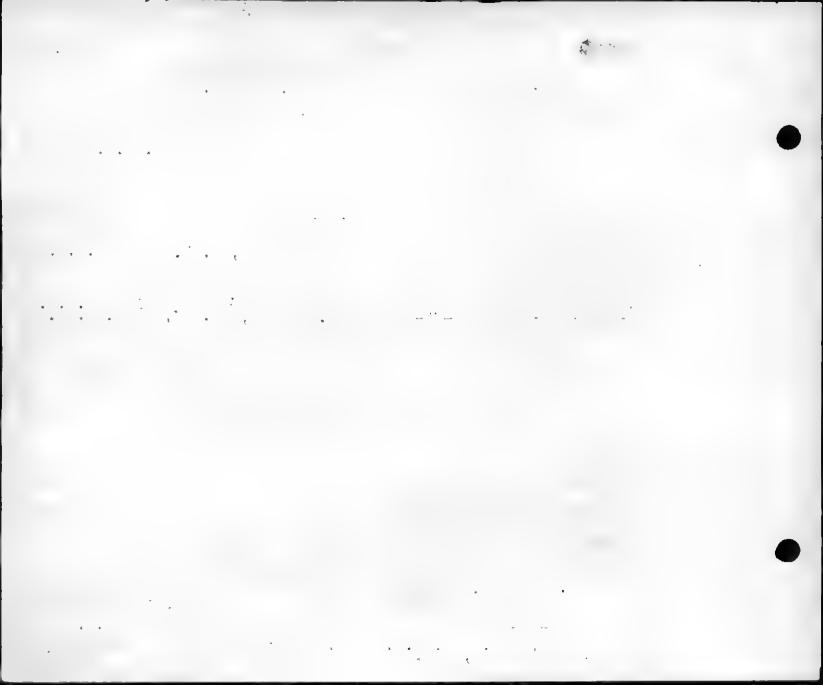
CERTIFICATE OF DEATH

04109

		PLACE OF DEATH							ere deceased live			e before adr	niss on)
	(a. COUNTY M	ontgomery		MARY	LAND	Dist.	of	Col.	b. COUNT	IY.		\vee
	ŀ	b CITY OR TOWN (I	f outside corporate mit		E LENGTH OF STAY II	N Ib	c CITY OR TOWI	N (If outsi	ide corporate limit	ts, write RUR	AL and give	nearest tow	/n}
			give negrest tawn) ensington				Washi	ngt	on		7.1	٠٠, ٠	
	-	d. NAME OF HOSPITA	AL OR INSTITUTION (If no	ot in hospitol,	give street address)		d. STREET ADDR	ESS					RESIDENCE
*			Hall Sani				2912	Dum	barton	Ave.	N.W.	• YES	A FARM?
	- (NAME OF DECEASED	LINI	rst A	Middle And E		WooD		4. DATE OF	Month	,	Day	Year /-
		(Type or print)	- Wil	//	AGEE	- T			DEATH	MACO	IF JNDER 1	19 VEAD DE 15	19 6 6 INDER 24 HRS
	Fe	emale	6 COLOR OR RACE/	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED) date of birth -10-189			birthday)			ours Min.
	10a	USUAL OCCUPATION	(Give kind at work dane		IND OF BUSINESS OR		11. BIRTHPLACE	(County &	State, or foreign co	iuntry)		ZEN OF WH	AT
10	duri	ing mast of warking Hous	life, even it retired) 유당한 주요	IN.	IDUSTRY		Washir	at o	n D (7		INTRY?	1
		FATHER'S NAME	OWIIC				14. MOTHER'S N	NATOEN NA	ME	•		J 4 U 4 Z	-
		Frank					Jes	sie	Fremo	nt			
	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates i	of service) 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT		3737	Legat	ion !	3+ M	W
	1.0			- 57	8-62-4533	5 M	rs. Spe	ers	Apt.30	535°W	ash.	D. (, "
		18. CAUSE OF DE	ATH (Enter only one roo	ise per line fac	(a) (b), and (c).)								L BETWEEN
		PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE	(0)	DRONAR	<u> </u>	THK	001	30515			UNSCIA	ND DEATH
		1 - 1	DUE	10	1	- /				~			
	Conditions, if ony, which gave (b) ARTERIOSCL						-12011(10	HEAR	1 1013	EAST		
		stating the unde	rlying couse DUE	10	PENERA	/ .		/		0./			
		last			14 K	PERIC		ROSIS					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)								19. WAS	AUTOPSY ORMED?				
SENIL I Y 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 201 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item (IF ETHER, NOTIFY MEDICAL EXAMINER) 202 TIME OF INJURY Month, Doy, Year Hour o.m. 103 While Not While foctory, street, office bidg., etc.)								YES [NO Z				
0	TEIC	200 ACCIDENT WAS		205 DE	SCRIBE HOW INJURY OF	CURRED.	Enter nature of in	ijury in Po	rt ! or Port II of	item 1B.)			
	E		CAUSE OF DEATH MEDICAL EXAMINER)										
	IS.	20c. TIME OF INJU	JRY Month, Doy, Year	20d 1	NJURY OCCURRED		E OF INJURY (Har		20f. (City	ar town)	(Caur	nty)	(State)
	×	Hour o.r	10	While at war		fact	ary, street, office bl	dg., etc.)					
		21 L certi	fy that (I) (this has	eital) atten	ded the deceased	fram J	1N-8	_ , 19	66 to 1	MRCH	. 196	6 that f	I) (we) last
		saw the d	eceased alive an	MARI	9-1966,	and that	death accurr	ed at 3	352 M, fran	n causes o	and on th	e date st	ated abave.
		22a. SIGNATURE	11	7	1		ATTENDING	M	IED.	STAFF -	22b. DA	TE SIGNED	1011
,		//	fferen ?	y for	- Slan	M.I	PHYS.			PHYS.	MAK	0, 19	- 1966
1		22c PHYSICIAN'S NAME (Type	Dr. Henr	у М.	Lowden		22d. ADDRE	SS 5	206	Nari	how	127.	
		TAME (1 ype	DI . TEIL	y 11.					delay 6	4621	perf		
	23a	BURGAL, CREMATIC	ON, 23b. DATE TH		23c. NAME OF CEME				23d LOCATION		,	(County)	(Stote)
		REMOVAL (Specify Burial	3-22-		Rock Cre	ek	Cemeter	У	Washi	ingto			
		FUNERAL DIRECTO		gc. A	ve North	Was		APP C	REGISTRAP	" <i>V(</i> \(\)	STRAR'S SIG	GNATURE	46
	J	Joseph (awler's	Sons.	inc.		D/	WAK.	4 1351	1	709	a ma	7-

to Hospital or Attending Physician: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and shauld be filed with the State Dept. at Health prior to burial, cremation, ar removal, and in any event, within 72 hours after degri Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

V	Division of STATISTIC	CAL RESEARCH AND RECORDS, 301	I W. PRESION STRE	ET, BALTIMORE, MARYLA	ND 21201
	04120	CERTIFICATE	OF DEATH		04110
	1. PLACE OF DEATH O. COUNTY MONTGOMER	MARYLAND	o. STATE MAR	Where deceased lived, if institution b. COUNTY	MONTGOMERY.
	b (ITY OR TOWN (1 outsule corporate limits, write RURAL and give nearest town)	31 hR5.	CITY OR TOWN (if oy	ls de corparate limits, write RURAL BETHESCA	and give neglest town)
	d NAME OF HOSPITAL OR INSTITUTION (IF not in	n haspital, give street address)	6605 MIL	Lwood Rd.	6 IS RESIDENCE ON A FARM? YES NO
	3 NAME OF First DECEASED (Type or print) EDWAR	Middle U	Joetman		ech 20 1966
	S SEX M 6. COLOR OR RACE	7 MARRIED NEVER MARRIED WIDOWED DIVORCED	MARCH 18		IF UNDER 1 YEAR 1F UNDER 24 HRS. Months Days Hours Min.
	10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106 KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County Mac	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	DAVID M WORTH	nAN	14. MOTHER'S MAIDEN N	ollins	
	(If yes give war or dates of s	ervicel	OTHER	Address SAME A	s # 2
	18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a	Premeterit			INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave is to immediate cause (a), storing the underlying couse last.	atelectoris	V		
	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO 1	the terminal disease con	IDITION GIVEN IN PART 1(0)	19. WAS ALTOPSY PERFORMED? YES NO
	20% ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.			
	20c. TIME OF INJURY Month, Doy, Yeor Hour a.m. 19		CE OF INJURY (Home, form ary, street, office bldg., etc.)		(County) (Stote)
	21. I certify that (I) (this haspi sow the deceased alive on	tal) attended the deceased fram196 and tha	t death occurred at	9 <u>66</u> , to <u>2/20</u> 5.19 M, from causes on	, 19 <u>GC</u> , that (I) (we) last and an the date stated abave.
	Designature	Alem M.	111101	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S Benjamin	Spein, MD	22d. ADDRESS 5623 B	really Told	Puthesta, MID
	230. BURIA, CREMATION, 23b DATE THERE REMOVAL (Specify) 3 - 3	in the state	crematory	23d LOCATION (City of Town	of (County). (State)
	24. FUNERAL DIRECTOR	3471-1475T, NW	UASH 250 RECE	EX REGISTRAN 25 25by 2500	STRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial indicempletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please cerbon carban papers. Pages I and shauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate 📗 == cuted within 24 haurs after 🖷 eath.

Page 4 may be retained by the hospital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Non papers. Pages 1 within 72 hours after c. CITY OR JOWN (If outside corporate limits, write fillial 2 see 150 own) b. CITY DR TOWN (If outside corporate limits, write RURAL and give rearest town) MARYLAND C. LENGTH OF STAY IN 1b completely filled in ve carbon papers. d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give affect address) e. IS RESIDENCE ON A FARM? NO YES L executed within NAME OF DATE OF 3. Middle Day Year DECEASED n and comple remove carb in alty event, (Type or print) DEATH 19 6 AGE (In years | IF UNDER 1 YEAR) 5. SEX 6. COLOR OR RACE FUNDER 24 HRS DATE OF BIRTH 8. 9. MARRIED NEVER MARRIED last birthday) Months Days Hours mole WIDOWED DIVORCED attending physician a ermit. Then please re on, or removal, and in a lease re and in a 10a. USUAL OCCUPATION (Give kind of work done. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) PHYSICIAN. The law requires that the death certificate be COUNTRY? INDUSTRY 21.5.A. FATHER'S NAME MOTHER'S MAIDEN 14. 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or ankown) (If yes give war or dates of service) 17. INFORMAN Address 16. SOCIAL SECURITY NO. been signed by the atten the burial-transit permit. or to burial, cremation, or INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause line for (a), (b), and AND DEATH PART I. OEATH WAS CAUSED TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate as the prior to DUE TD cause (a), stating underlying cause last. this certificate has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY detached for use e Dept. of Health PERFORMED? NO YES [OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part | or Part || of Item 18.) 20a, ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. director, page 3 should be dishould be filed with the State While Not While 19 at work at work p.m. 196 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19/4, and that death occurred at M, from the causes and on the date stated above. marchia saw the deceased alive on. 22b. DATE SIGNED 22a. STAFF ATTENDING M.O. PHYS. DIRECTOR __ PHYS. ADORESS PHYSICIAN'S 22d. 22c. NAME (Type) Pring 23b 23d. LOCATION (State) BURIAL, CREMATION. town or county) REMOVAL (Specify) ince FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. ADDRESS 25a. 1966 VR A15 (4) 15M 4-64



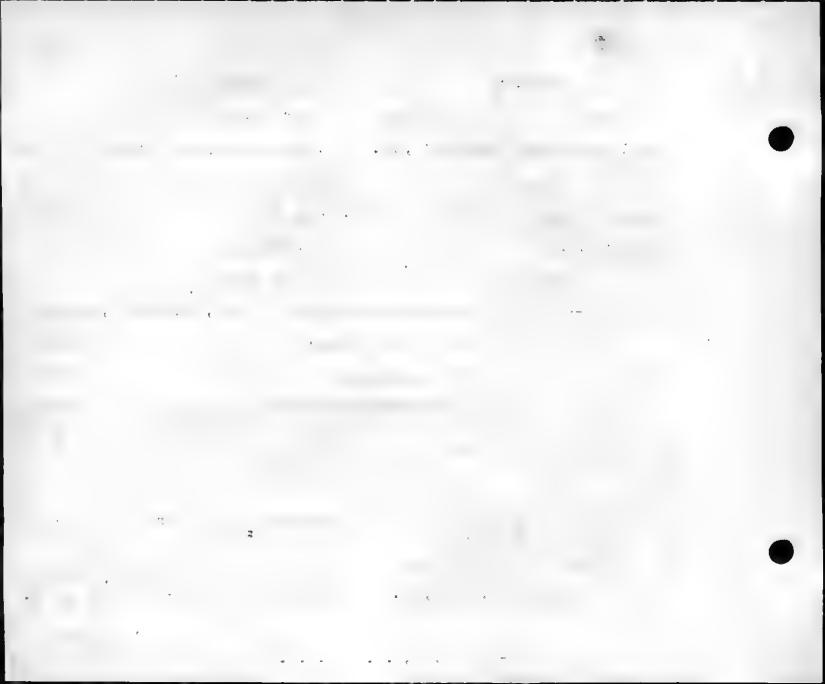
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defith 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND CERTIFICATE 07.495

		#	OFICIAL IOUR	OI DEATH		112112
1.	PLACE DE DEATH			2. USUAL RESIDENC	E (Where deceased lived, If institution: F	Residence before admission)
	a. COUNTY	Montgomery	244 PM 441P	a. STATE M1.s	souri b. COUNTY	,
_	b. CITY OR TOW		MARYLAND C. LENGTH OF STAY IN 1b		outside corporate limits, write RURAL	and give nearest town)
		N (If outside corporate limits, and give nearest town)		, ,		
	Bethes		40 Days	Springf	1eId	,
	G. NAME OF HUS	PITAL OR INSTITUTION (If not I	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		cal Center, Beth			th Maryland Street	YES NO XX
3.	NAME OF DECEASED	First	Middle	Lest	4. DATE Month	Day Year
	(Type or print)	Velma	Mae	Wroolie	DEATH March	28 19 66
5.	SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8	. DATE OF BIRTH		1 YEAR IF UNDER 24 HRS.
	Female	White WIDOW		27 June 1910		Days Hours Min.
10a	. USUAL OCCUPAT	ION (Cive kind of work done) 10b ng life, even if retired)	. KIND OF BUSINESS OR	11. BIRTHPLACE (Co	ounty & State, or foreign country) 12. C	ITIZEN OF WHAT
	Registere		Medical	Minnes	ota U	SA
	FATHER'S NAM			14. MOTHER'S MAID		
		Anton Wicklur	ıd	Elta B	reeze	
15	. WAS DECEASED	VER IN U.S. ARMED FORCES?			edical Records	
	is, no, or enkown)	(If yes give war or dates of service)			enter, Bethesda 14	. Marvland
		DEATH [Enter only one cause pe		, GIIAIVEI G	CHUCL DOUBLE 14	I INTERVAL BETWEEN
		ATTI III A AAIIAND DII				ONSET AND DEATH
	. 1	IMMEDIATE CAUSE (a).	gestive Heart Fa	allure		2 Hours
	4000	DUE TO				
	Conditions, if a		tic regurgitation	DIE		4 Months
	cause (a), st					
	underlying caus	a last. (c) ACL	te bacterial end	docarditis		4 Months
5	PART II. OTHER S	ICNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
PA.						YES XX NO
1	2Da. ACCIDENT	WAS UNDERLYING 20b	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury in Part I or Part II of Item 18	777.
CERTIFICATION	OR CONTRIBUTI	NG CAUSE OF DEATH				
			I. INJURY OCCURRED 20e. PLAI	CE OF INJURY (Home, fa	rm. 20f. (City or town) (Co	unty) (State)
MEDICAL	Hour a.n	The state of the s	factor	ry, street, office bldg., et		,
뿔	р.п	n. 19 at w	ork at work			
	21. I certify	y that 🖈 (this hospital) atte	nded the deceased from 16	February, 19	66, to 28 March , 19	66, that the (we) last
	saw the dec	ceased alive on 28 Marc	h 19 66, and that	death occurred al	\$10M, from the causes and on t	the date stated above.
	22a. SIGNATOR	RE V	01		Fil.	DATE SIGNED
		worlnes y.	tooken M.D		MED. DIRECTOR PHYS. 3	128/66
	22c. PHYSICIA			22d. ADDRESS T	he Climical Center	National
	NAME (Ty	Lawrence S.	Cohen. MD.	Institute		
231	BURIAL, CREM		23c. NAME OF CEMETERY		23d. LOCATION (City, town or co	
	BURIAI				SPRINCETET D MTG	TGIIOS
24	FUNERAL DIRE		ADDRESS		SPRINGFIELD MTS	'S SICNATURE
v	SONG FIIN	ERAL HOME-130	O M CO M THE LILE	1440		ey Judge
1	SONG FUN	DUAL TRUMP	OO N.ST.N.W.WA	DU - D' OMELLI	104 1000	0

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

Year.

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

vech

WAS AUTOPSY PERFORMED?

NO T

(State)

(State)

YES F

DATE SIGNED

(County)

22b.

YES

Days

12. CITIZEN OF WHAT

COUNTRY?

Maruland

NO KOK

00

VR A15 (4) 15M 4-64

Eda W

FOR STATE HEALTH DEPT please execute the certificate, writing the word "pending" in pendit in flam 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMR. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages, and 2 with the State Department of Health or its designaled agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. IO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 14 hours after death. If any delay is necessary,

I tems 1821 Film G376 MARYLAND' STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

() 4 1 7

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before admission
Ment gomery MARYLAND	To The country of the
b. CITY OR TOWN If outside corporate limits, s. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside exporate limits, write RURAL and give recest toward
write/RURAl/and gipt nearest town	1.00
d. NAME OF HOSPITAL OR INSTITUTION (i) not in hospital, give street address)	d. STREET ADDRESS
of the office of the street edges,	d. STREET ADDRESS on A FARA
Holy Cross Hospital	1 22/7 Jorest Blen Kel, YES NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) William Christoph	YEAGER DEATE March 8, 1966
5. SEX 6. SOLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 0/22/8 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR. September Months Devs Hours Min.
// Calle Clurc, WIDOWED DIVORCED	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	
Ret Pharmacist Self-employed	mary land 71. CA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Carl Veager	Elizabeth M. Bornman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17;	INFORMANT Address
(Yas, no, or unhown) (Hyasgivawarordatasofservica) 046-20-1597 H	SPITAL RECORDS Silver Spring. Rd.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Empyema, right	pleural cavity ONSET AND DEATH
GOOD PULTO	
7h1	ahmi ti a
gave rise to Immediate cause	but rere
(a), stating the underlying DUE TO	
eauso lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERIORMED?
[3]	YES X NO
☐ PRIMARY ☐ or CONTRIBUTING ☐	(Enter nature of Injury in Part I or Part II of itam IB.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While lec	lory, sirset, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	eld an Autopsy XI. Inspection XI. Inquiry XI. and in my opinion
death resulted from: Natural causes X. Accident Suice	cide, Hornicide, Undetermined manner
1000 00	CHIEF MEDICAL EXAMINER
SIGNATURE SIGNATURE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
EXAMINER'S TO THE STATE OF THE	DEPUTY MEDICAL EXAMINER X 7
NAME (Typa) /QELDEN /T, /YEAP, /)	11. D; Address (Street, city, town, or county) // Week 8, 1966
	R CREMATORY 22d. LOCATION (City, lown, or county) (State)
Burial March 11, 1965 Evergreen Co	N. II.
22 CINERAL DIRECTOR ADORECT	Men Haven Connecticut
To little land	enue MAR 14 10CC Milania 0
Harner & Pumphrey, Inc. Silver Spring. 1	Maryland DATE 1 1000 former Judge

VR AISME

(2) 12 - 2 - 4 - 100 - 10 m h - 0 5 V - 30 8 S - 4 Approximate the second second second The second of the second of EL PLOS NAMES the state of the s S DESIGN SANSFILLS OF

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH	
, DIVISION OF STATISTICAL	MARYLAND STATE DEPARTMENT OF HEALTH RESEARCH AND RECORDS, 301 W. PRESTON STREET, CERTIFICATE OF DEATH	BALTIMORE 1, MARYLAND
07759	CERTIFICATE OF DEATH	04115

1. PLACE OF DEATH a, COUNTY Takoma Park, Montgomery CountyKryland	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Washington, b.Countx.
b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
write RURAL and give nearest town)	119-3
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Washington Sanitarium & Hospital	5720 2nd St. N. E. YES NO 🗵
3. NAME OF DECEASED (Type or print) OPHIA	Last 4. DATE Month Day Year OF DEATH March 29, 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	last birthday) Months Days Hours Min
	lay 6, 1901 64 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HouseWite 13. FATHER'S NAME	Poland U.S.A. 14. MOTHER'S MAIDEN NAME
Mordecai Morvitz	Rose Morvitz
	INFORMANT Address Wash., D. C.
	ar Zaccagni 5720 2nd St. N. E.
18. CAUSE OF DEATH [Enter only one cause per line for (a)) (b), and (c).]	/ INTERVAL BETWEEN ONSET AND OEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Constant Authority	haraky extense itours
Conditions, if any, which (b) Asterlians	Courtie Heart Oureau VKS.
gave rise to immediate cause (a), stating the underlying cause last.	Heart Duenn YAS.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO DEATH BUT NOT RELATED TO DESCRIBE HOW INJURY OCCUPY OF CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUPY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
B 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factor while p.m. 19 at work at work	y, saeet, omee blug, etc./
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on MACH 29 1966, and that	death occurred atM, from the causes and on the date stated above.
At Hillyseen M.D.	ATTENDING MED. MED. STAFF 3-29-66
22c. PHYSICIANS (NAME (Type)	22d. ADDRESS
Albert H. Grollman, M.D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	d Mem. Gdn. Falls Church. Va.
24. FUNERAL DIRECTOR ADDRESS Wash	D. C. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Bernard Danzansky & Sons 3501 14th	St. NW DATE APR 4 1956 Charles Judge

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